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ABSTRACT

Presented is the program evaluation report of the Cheshire (Connecticut) Preschool Program for early intervention with a total of 64 mildly and severely handicapped children between 3 and 6 years old. It is explained that the mother-child project has served children with such handicapping conditions as hearing impairment, vision impairment, cerebral palsy, cleft palate, autism, hyperactivity, language delay, mental retardation, and emotional disturbance. Listed are program objectives (such as giving mothers new insights) and evaluation techniques used. Detailed are characteristics of the children and the evaluation process and sequence. Presented in the major portion of the document are evaluation results which include significantly increased IQ scores, improved behavior ratings, and improved parent ratings. It is concluded that the program has had a dramatic positive impact on both children and mothers. Appended are items such as a classroom observation schedule, a child rating scale, the preschool parent questionnaire, and case histories. (DB)

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PARENTAL APPROACH FOR EARLY INTERVENTION OF LEARNING DISABILITIES

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OVERVIEW

The Cheshire Preschool Program is a wholistic approach to the early intervention of learning disabilities. Six or seven children, with a variety of handicapping conditions and with different levels of needs, are grouped together with their parents in an educational setting. The goal of the program is to allow each child to develop his/her optimal educational potential by working with the mother-child unit. The home physical environment, the school physical environment, the staff consultants and the parents all become integral parts of the ongoing diagnostic process and programming. In the four years of the program, documented gains for the children have been exceeded only by positive changes in the child-rearing practices of the parents.

The program is conducted for the children and mothers within two former kindergarten rooms of an elementary school in a semi-rural suburban community of 20,000. It has been in operation for four years and has served 64 children. Some of the handicapping conditions have been: hearing impairment, vision impairment, cerebral palsy, cleft palate, autism, hyperactivity, language delays, mental retardation, emotional disturbance, general developmental lags, behavior problems, and mother's concern about her child's normality. (complete list of handicapping conditions is in Section II.) In 1975-76 the program has served 27 children and their parents. (A summary of the handicapping conditions of the 27 children in the 1975-76 Preschool is presented in Section II). The present staff consists of one coordinator, two teachers, two aides and a secretary. The ancillary staff includes an architect, equipment designer, optometrist, psychiatrist, school social worker and school psychologist. Dr. David Corsini, Associate Professor of Human Development and Family Relations, University of Connecticut, has directed the evaluation effort; and Dr. Jennie Rothschild has collaborated on the design and carried out the evaluation.

In the Preschool Program small groups of children (6) and parents (6) meet with a teacher and an aide for a period of two hours per day. The children range in age from three to six years and are grouped developmentally. The older groups of children come four days a week and the younger groups come three days a week. For half the time each day, parents work with the children, teacher and aide. For the other half, the parents meet with the teacher, and/or aide, or consultants and discuss the events of the day, plan future activities and in general continue to develop an understanding of how best to work with their children. Parents also participate in special workshops and sometimes have home visits to help with their home environment.

The program has several distinctive features.

1. It is a mother-child project. The mother, after receiving a letter describing the parameters of the program, must bring the child to the attention of the program and agree to attend regularly and to become part of the educational team which works with her child.

2. A central belief of the project is that the mother's perception of the child is real and influences the child no matter what a professional's judgement might be regarding the child. The mother has the most experience with the child and knows more than can be determined by standardized testing. Thus, the staff must work with the mother in planning for the child because the mother is the essential link in the communication between the child and professionals.

3. The child is conceptualized as a complex totality made up of many interrelated systems. Every behavior contributes to and is a reflection of the integrity of the system as a whole. A problem in one system can cause a problem in another system and/or affect the overall functioning of the total child. For example, a language handicap may be partly responsible for disturbance in a child's social relationships or the language problem may represent an expression of a child's disturbed relationship with a parent. Another example would be that the characteristics of the visual system affect what one sees, but it is also true that what one is ready to see affects the functioning of the visual system. It is central to the program to focus on the total child and to avoid focusing on one particular behavior or problem exclusively.

4. This project is committed to the belief that teachers and parents can learn how to change the physical environment to facilitate a child's development. It can be used to stimulate the development of certain talents, to compensate for certain limitations, or more likely to extend the child's conceptual play that he has initiated.

This report presents evidence of the effectiveness of the program. Because of age and diversity of the target children, the measurement has involved several diverse measurement techniques. The program does not fit neatly into the pre test - post test nor experimental-control group design. However, both process and product evaluation activity has been conducted and is part of the ongoing program. This year the program graduates have been studied by interviewing the receiving teachers, the special services personnel and the mothers. Each year the children in the program are tested Fall and Spring on the Stanford-Binet and Gesell Developmental Scale. Teachers keep ongoing records on each child and fill out special observational schedules three times a year. In the Fall and Spring the mother fills out a questionnaire concerned with her perception of her child's behavior and her related feelings and attitudes. A comparison group of nursery school mothers was also given pre-post questionnaires.

The objectives of the program, as stated in the 1972-76 Project Grants, and the research evidence of the success of each objective are described in Section I. The specific data referred to in the table are presented in Section IV.

SECTION I

STATEMENT OF PROJECT OBJECTIVES AND EVALUATION TECHNIQUES USED

OBJECTIVES (as stated in original proposal)	EVIDENCE OF SUCCESS
1. To give mothers insights into basic learning patterns that are unique to their children thereby improving the child-mother relationships and possibly diminishing learning disabilities.	1. a. Mothers report improved relationships with their children (See Interview Report, Report of Parent Questionnaires). b. Program graduates are all in the mainstream of school life and performing in ways similar to non-preschool peers. (See Teacher Reports; Graduates Getting Services.)
2. To help the child and his mother become aware of both his motivation and his sensory processing.	2. Mothers have become more aware of their children's needs and abilities. They have also become more aware of their role in helping their children achieve their potential. (See Summaries of Parent Questionnaires and Parents of Preschool Graduates Interviews.) Mothers have become more aware of how children function in the preschool by participating in workshops in which they either make things for the classroom or learn more about classroom materials. (See Workshop description)
3. To set up a demonstration center.	3. The program has been replicated in one town in Connecticut, following a two-week staff workshop. Approximately sixty visitors have observed the program this year. Staff and parents have participated in five workshops throughout the area and in a national educational fair in Arizona.
4. To develop a continuous evaluation process for purposes of research and demonstration.	4. a. Children are tested upon admission to preschool and retested at the end of each year they are in the program on the Stanford-Binet Intelligence Scale and the Gesell Developmental Scale. (See 1975-76 Test scores on Binet and Gesell; 1975-76 Binet Group Changes; Changes on Binet for Overall Project; Gesell Scores for overall Project) b. Teachers make weekly notes on children's behaviors and complete classroom observation schedules for each child three times a year. (See 1975-76 Summaries of Individual Children; Group Changes in Ratings Based on Teacher Observations)

OBJECTIVES (Cont.)	EVIDENCE OF SUCCESS (Cont.)
4. (Cont.)	4. c. Parents complete questionnaires concerning their perception of their children and their feelings and attitudes toward their children at the beginning and end of the year. Responses of preschool parents have been compared with those of parents of children in a regular nursery school. (See summary of comparisons between preschool and nursery school parents, summary of changes in attitudes and perceptions of parents). d. Parents and staff complete monthly questionnaires which relate to their feelings about the changes in the children, the program and any problems they feel should be considered. (See Appendix for a copy of the Monthly Questionnaires and Examples of Monthly Summaries of them). e. Periodic parent meetings are held to discuss the program and changes the parents would like to see. (Videotapes available upon request.)
5. To redesign a Kindergarten room in a newly opened elementary school.	5. Through many(reversible) changes, the space was transformed into the current preschool environment. The changes that were made have been replicated in one school and can be replicated in others. (See Description of the Changes made in the classroom; the Descriptions of some of the materials designed for the preschool; also drawings documenting changes.)
6. To document gains in adaptability, reduction of stress and improvement in cognitive functioning of the child; and to to document measurable gains in the mother's child-rearing techniques.	6. Child gains are documented by: a. Standardized Testing (See Binet and Gesell Test Reports) b. Teacher Observation Schedules (See Individual Summaries; and Group Ratings) c. Case histories of program graduates (See examples) d. Parent Questionnaire (See Reports) e. Parent Interviews (see Summary) Parent gains are documented by: a. Parent Questionnaire (See Reports) b. Parent Interviews (see Summary)

SECTION II

DESCRIPTION OF EVALUATION POPULATION

A. IDENTIFY THOSE WHO TOOK PART IN EVALUATION

Mothers, children, staff, outside consultants and examiners participated in the evaluation.

B. INDICATE NUMBER, CHARACTERISTICS, and OTHER RELATED INFORMATION ABOUT THOSE INCLUDED.

A total of 64 children and 64 mothers have participated in the program in the four years it has been in operation. The ages of the children range from three to six years. The number of children who have been in the program each year is listed below:

1972-73	6 children
1973-74	19 children
1974-75	27 children
1975-76	27 children

The handicapping conditions of all 64 children are described in Table II-A, Page (8).

The evaluation of the 1975-76 preschool program includes 27 children and their parents. The handicapping conditions of these 27 children are described in Table II-B, Page (9).

All of the children and parents are residents of Cheshire, Connecticut, and all but three Chinese children and their parents (from the same family) are Caucasian. Two of the children in this year's preschool come from bilingual homes, one Chinese and one Italian. The participants are predominantly middle class, although a cross-section of economic strata have been represented. The education of the mothers has ranged from high school to graduate degrees. Of the 27 1975-76 participants, three mothers were working full-time during the program and six others were working part-time. Fathers' occupations varied from executives and physicians to factor worker to unemployed.

The 27 children in the 1975-76 program had a total of 46 siblings. Seventeen of these, or 37% have received special services from the school system for learning problems. The percentage of siblings of preschool children who had received services in the past three years are 33% in 1972-73, 54% in 1973-74, and 58% in 1974-75.

TABLE II-A

Handicapping Conditions

1972 - 1976

64 children

Medical problems	
Hearing loss	1
Cerebral palsy	2
Birth defect	1
Prematurity	8
Clef palate	1
Hylane membrane disease	2
Strabismus	3
Cancer	2
Mental deviation	
Retardation	2
Thought disturbance	6
Gifted	1
Emotional	
Autism	2
Hyperkinetic	2
Socially disturbed	10
Language problems	
Stuttering	1
Developmental Delay	13
Articulation	4
Multiply handicapped	3

Table II-B

Handicapping Conditions

1976 - 1977

24 children

Medical Problems	
Birth defect	2
Cancer	1
Strabismus	2
Brain damage	1
Mental Deviation	
Retardation	2
Thought disturbance	1
Emotional	
Hyperkinetic	1
Socially disturbed	4
Language Problems	
Developmental delay	7
Articulation	2
Multiply handicapped	1

Five children on waiting list.
To be served in the Consultation Center.

SECTION III

EVALUATION PROCESS and SEQUENCE

The evaluation process has evolved over the four years of the program as the need and progress of the children and the mothers have become better understood. Many of the original elements of the evaluation, such as the Gesell and Stanford-Binet examinations, have been retained. Other elements of the evaluation, such as parent questionnaires and teacher reports have been expanded and formalized. Elements have been added each year. In addition, some of the preschool procedures, particularly the video tape recordings and tape recordings, need to be developed into parts of future evaluations. The following list summarizes the evaluation process for the four years of the program:

1972-73: Stanford-Binet, Gesell, Parent Questionnaire and Interview, Teacher Report. Conducted by the school psychologist.

1973-74: Stanford-Binet, Gesell, Parent Questionnaires and Teacher Checklist of Cognitive Tasks. Conducted by the school psychologist.

1974-75 Stanford-Binet, Gesell, Parent Questionnaires, Parent Figure Drawings of Parent and Child, Teacher Inventory of Children's Behavior, Year End Teacher Assessment, Video-tape Recording of Parent-Child Interaction. Conducted by part-time program evaluator.

1975-76: Stanford-Binet, Gesell, Pre/Post Parent Questionnaires (compared to Nursery School Control Group), Parent and Staff Monthly Questionnaires, Teacher Classroom Observation Schedules and Ratings (Initial, mid-year and final), video-tape recording of children (pre/post), Development of Individual Case Studies, Interviews of Parents of Preschool Graduates, Interviews of Teachers of Preschool Graduates. Conducted by full-time evaluator and supervised by part-time consultant.

SECTION IV

PRESENTATION OF RESULTS

A. Effects on Children as Measured by Standardized Tests: Stanford-Binet and Gesell Developmental Examination

Related to:

Objective 4: To develop a continuous evaluation process for purposes of research and demonstration.

Objective 6: To document gains in adaptability, reduction of stress and improvement of cognitive functioning in the child, ...

STATISTICAL ANALYSIS OF STANFORD-BINET INTELLIGENCE DATA 1972 - 1976

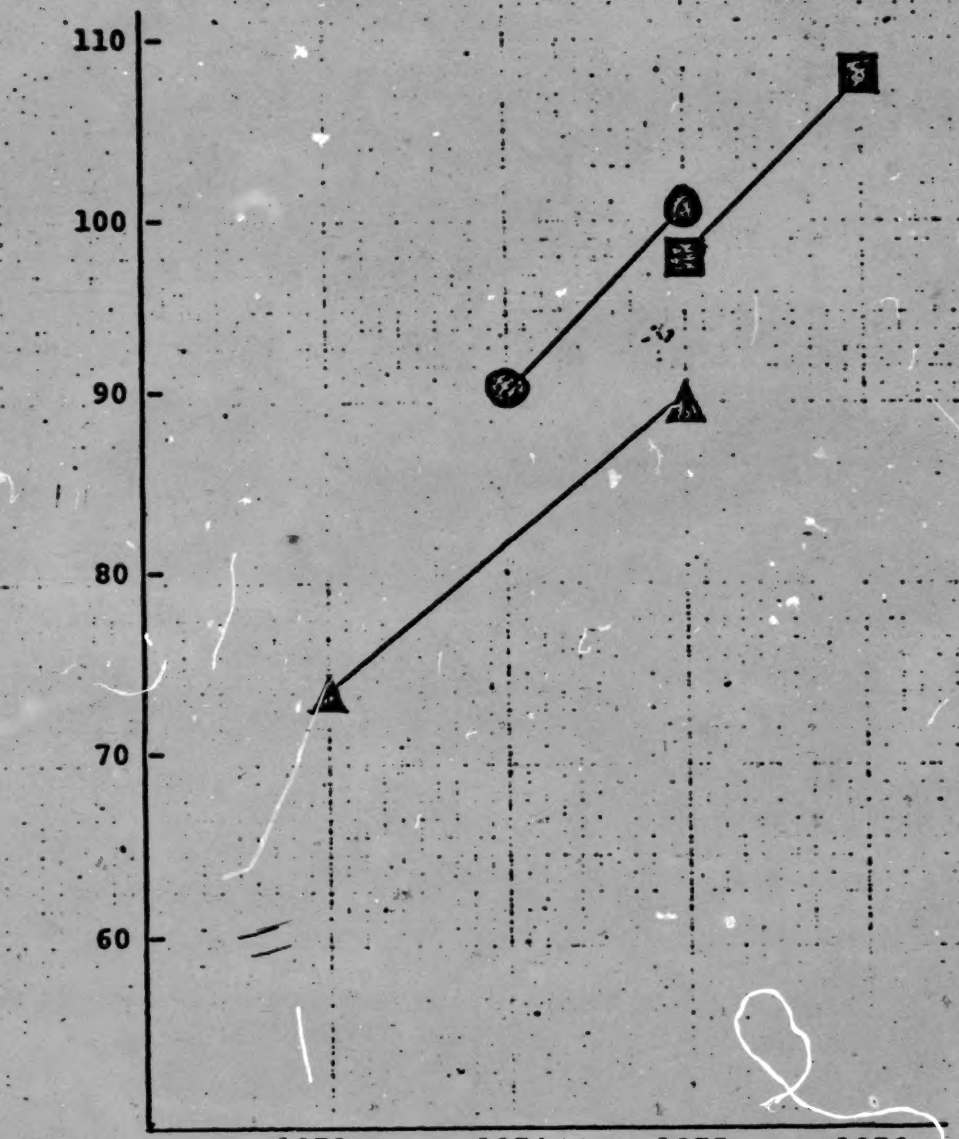
The accompanying figure presents graphically the Stanford-Binet (1972 Norms) I.Q. change scores for three groups of program children. Table IV-A presents the pre and post scores for all children. The one group of eleven children represents graduates of the program. These children were first tested for the program in 1972 and 1973. At the time of retesting, 1975, those eleven children were no longer in the program but were within the regular school system. As a group these children had an initial I.Q. score of 74.1. In 1975 these children had a mean I.Q. score of 90.2. This change is statistically significant (t (10) = 3.74, $p < .01$).

Also illustrated is the pre-post I.Q. test data for the 23 children in program during 1974-1975. For these children the mean initial score was 90.6 and the mean end of year score was 100.7. This difference was statistically significant (t (22) = 3.25, $p < .01$).

Stanford-Binet I.Q. test scores for the 1975-1976 program year also are illustrated on the accompanying figure (End of year testing was completed in early May, 1976). It was found that the beginning I.Q. mean score for the current year program children was 98.3 and the end of the year mean I.Q. score was 107.7. This difference is also statistically significant (t (23) = 2.84. $p < .01$).

Although an increase in I.Q. scores is not the primary objective of the preschool intervention program, measured I.Q. does increase as a function of placement in the program; and this increase appears to be maintained after graduation from the program. Helping each individual child use his or her potential for learning remains the primary object of the program. However, since Stanford-Binet I.Q. scores are good predictors of academic success, it is encouraging to report that, on a group basis, significant changes in I.Q. are produced by the program.

Changes in I.Q. of Preschool Children



▲ Program graduates, retested 1975, n = 11; $t(10) = 3.75$, $p < .01$.

● 1974-1975 Preschool children, n = 23; $t(22) = 3.25$, $p < .01$.

■ 1975-1976 Preschool children, n = 24; $t(23) = 2.84$, $p < .01$.

TABLE IV-A
1975 - 1976
STANFORD-BINET INTELLIGENCE SCALES

CHILD	CA		MA		CHANGE		DIFFERENCE BETWEEN GAIN IN CA & MA	CHANGE IN I.Q. BY 1972 NORMS
	Pre	Post	Pre	Post	CA	MA		
1	4-6	4-9	4-10	5-8	4	11	+7	+13
2	untestable	5-0	untestable	2-4				
3	3-7	4-6	4-2	6-0	11	22	+11	+21
4	3-2	4-1	2-5	4-4	11	23	+12	+29
5	4-2	5-1	4-9	5-2	11	5	-6	-9
6	4-2	5-1	4-5	4-7	11	2	-9	-14
7	2-10	3-8	2-10	4-4	10	16	+6	+19
8	4-11	6-0	5-5	7-6	13	25	+12	+19
9	4-6	5-6	4-5	5-7	12	14	+2	+7
10	3-7	4-6	5-0	6-1	11	13	+2	+1
11	3-7	4-6	4-6	5-11	11	17	+6	+10
12	2-10	3-9	3-8	5-4	11	20	+9	+16
13	4-0	4-11	4-0	4-2	11	2	-9	-14
14	3-4	3-8	4-3	5-1	4	10	+6	+12
15	3-4	4-4	4-10	6-6	12	20	+8	+11
16	2-10	3-9	2-3	4-8	11	29	+18	+43

TABLE IV-A (cont.)
1975 - 1976

CHILD	CA Pre	CA Post	MA Pre	MA Post	CHANGE CA	CHANGE MA	DIFFERENCE BETWEEN GAIN IN CA & MA	CHANGE IN I.Q. BY 1972 NORMS
17	3-9	4-10	2-3	4-8	13	29	+16	+13
18	3-3	4-2	3-3	4-10	11	19	+8	+16
19	4-6	5-4	4-1	6-4	10	27	+17	+32
20	3-6	4-5	2-0	4-1	11	25	+14	+35
21	4-0	4-11	4-11	6-0	11	13	+2	+3
22	3-7	4-6	4-4	5-3	11	11	0	-1
23	4-1	5-4	6-2	7-6	15	16	+1	-3
24	4-4	5-4	5-0	5-2	12	2	-10	-15
25	3-10	4-10	4-3	4-11	12	8	-4	-6
26[a]	4-7		3-1					
27	5-3	5-10	109[b]	6-8				

[a] Child pretested once because entered 3/76.

[b] WPPSI score

TABLE IV-A (cont.)
1974 - 1975

CHILD	PRE CA	PRE MA	POST CA	POST MA	CHANGE CA / MA	DIFFERENCE BETWEEN GAIN IN CA & MA	CHANGE IN I.Q. BY 1972 NORMS
1	4-6	5-2	5-6	6-2	12/12	0	+1
2	4-6	5-4	5-6	5-5	12/1	-11	-17
3	4-3	4-6	5-3	5-5	12/11	-1	+1
4	4-2	4-7	5-2	5-5	12/10	-2	-2
5	4-0	4-8	5-0	5-2	12/6	-6	-10
6	4-5	4-4	5-6	5-0	13/7	-6	+1
7	4-0	5-0	5-0	5-11	12/11	-1	-2
8	5-1	5-1	6-0	5-6	11/5	-6	-6
9	3-9	3-8	4-9	5-3	12/19	+7	+16
10	5-1	4-8	6-0	4-11	11/3	-8	-8
11	3-11	4-6	4-11	6-2	12/20	+8	+15
14	4-6	5-2	5-1	6-10	7/20	+13	+23
15	4-2	3-8	5-1	5-8	11/24	+13	+27
16	3-5	3-4	4-4	5-0	11/20	+9	+19
17	2-10	2-3	3-10	4-3	12/24	+12	+30
18	3-8	2-10	4-6	4-5	10/19	+9	+21
19	3-10	3-10	4-9	4-9	11/11	0	+2

TABLE IV-A (cont.)
1974 - 1975

CHILD	PRE CA	PRE MA	POST CA	POST MA	CHANGE CA / MA	DIFFERENCE BETWEEN GAIN IN CA & MA	CHANGE IN I.Q. BY 1972 NORMS
21	3-2	3-2	4-2	4-9	12/19	+7	+16
23	3-2	2-9	4-2	4-5	12/20	+5	+20
24	2-7	2-7	3-7	5-0	12/29	+17	+38
25	3-1	3-8	4-0	4-11	11/15	+4	+7
26	2-11	3-9	3-10	5-10	11/25	+14	+27
27	3-1	2-6	4-0	4-0	11/18	+7	+19

TABLE IV-A (cont.)
1972 - 1975

1972 NORMS

CHILD	1972 CA	1972 MA	1973 CA	1973 MA	1974 CA	1974 MA	1975 CA	1975 MA	CHANGE IN IQ BY 1972 NORMS
1			6-4	3-2			8-2	3-11	+5
2	3-8	3-0	4-7	4-3			6-8	6-6	+22
3	4-8	4-5					7-3	8-0	+22
4	4-8	3-8	5-7	5-5			7-7	7-2	+23
5			2-11	3-4			4-10	6-3	+22
6			4-9	2-9	5-9	4-3	6-9	5-6	+30
7			4-2	4-3	5-0	4-10	6-0	7-6	+29
8			3-11	2-4	5-4	3-3	6-11	3-0	-11
9	3-9	2-11	4-9	4-10			6-9	6-10	+30
10			4-6	5-1	5-4	5-4	6-4	6-8	-2
11			4-8	5-1	5-5	5-9	6-5	7-2	+8

Analysis of Gesell Developmental Examination Scores

The Gesell Developmental Examination assesses developmental age. Used for its diagnostic as well as its evaluative value, the examination tests a variety of language, motor, adaptive and personal-social competences. Table IV-B compares the growth in chronological and developmental ages and notes the differences for all four years of the preschool program.

Analysis of the scores for each year indicates that children in the preschool make gains in developmental age that are equal to their chronological growth. The average growth in developmental age per month of each group is:

1975-76	1.04 months
1975-75	1.1 months
1973-74	1.0 months
1972-73	.93 months

Because each of these children has been identified as having one or more handicapping conditions, which may affect development, the fact that their developmental growth has kept pace with their chronological growth may be another indication of the effects of the preschool program.

TABLE IV-B
GESELL DEVELOPMENTAL EXAMINATION
1975-1976

CHILD	CHRONOLOGICAL AGE PRE	CHRONOLOGICAL AGE POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	DEVELOPMENTAL AGE PRE	DEVELOPMENTAL AGE POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
1	4-7	4-11	4	4-6	4-9	3	-1
2	4-4	5-0	8	2-0	2-8	8	0
3	3-9	4-7	10	3-6	4-2	8	-2
4	3-3	4-0	9	2-9	4-0	15	+6
5	4-1	5-1	12	3-9	4-10	13	+1
6	4-1	5-1	12	3-6	4-6	12	0
7	2-10	3-9	11	2-3	3-10	19	+8
8	5-6	6-0	4	4-9	5-6	9	+5
9	4-7	5-6	11	3-9	4-6	9	-2
10	3-7	4-7	12	3-6	4-9	15	+3
11	3-8	4-5	9	3-6	4-6	12	+3
12	2-11	3-9	10	2-9	3-9	12	+2
13	4-0	4-11	11	3-6	4-0	6	-5
14	3-4	3-8	4	3-3	3-6	3	-1
15	3-5	4-3	10	3-6	4-6	12	+2
16	2-11	3-9	10	2-9	3-9	12	+2

TABLE IV-B (Cont.)
GESELL DEVELOPMENTAL EXAMINATION
1975-1976

CHILD	CHRONOLOGICAL AGE			DEVELOPMENTAL AGE			
	PRE	POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	PRE	POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
17	3-10	4-8	10	3-6	4-6	12	+2
18	3-4	4-2	10	3-3	4-4	13	+3
19	4-5	5-3	10	4-3	4-9	6	-4
20	3-7	4-6	11	3-3	3-10	7	-4
21	4-0	4-11	11	4-0	4-11	11	0
22	3-7	4-7	12	3-9	4-6	9	-3
23	4-2	5-1	11	4-0	5-3	15	+4
24	4-4	5-3	11	4-3	4-10	7	-4
25	3-10	4-10	12	3-9	4-6	9	-3
26	4-9			3-3			
27	5-7	5-10	3	5-6	5-6	0	-3

27

TABLE IV-B (cont.)
GESELL DEVELOPMENTAL EXAMINATION
1974-1975

CHILD	CHRONOLOGICAL AGE PRE	CHRONOLOGICAL AGE POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	DEVELOPMENTAL AGE PRE	DEVELOPMENTAL AGE POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
1	4-5	5-5	12	4-0	5-3	15	+3
2	none	5-5		none	4-6		
3	4-1	5-3	14	3-5	4-3	10	-4
4	4-1	5-1	12	3-6	4-6	12	0
5	3-11	4-11	12	3-6	4-9	15	+3
6	4-5	5-5	12	3-6	4-9	15	+3
7	4-1	5-0	11	4-0	4-9	9	-2
8	5-0	6-0	12	4-3	5-0	9	-3
9	3-8	4-8	12	3-6	4-3	9	-3
10	5-0	6-0	12	4-0	5-0	12	0
11	4-0	4-10	10	4-0	4-9	9	-1
12	3-9	4-8	11	2-9	3-3	6	-6
13	5-5	6-5	12	2-9	(2-5)	(-4)	-16
14	none	5-2			5-0		
15	4-3	5-1	10	3-9	4-9	12	+ 2
16	3-5	4-4	11	3-3	4-6	15	+ 4

TABLE IV-B (cont.)
GESELL DEVELOPMENTAL EXAMINATION
1974-1975

CHILD	CHRONOLOGICAL AGE PRE	CHRONOLOGICAL AGE POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	DEVELOPMENTAL AGE PRE	DEVELOPMENTAL AGE POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
17	3-0	3-10	10	2-3	3-9	18	+8
18	3-8	4-7	11	3-0	3-9	9	-2
19	3-11	4-9	10	2-6	3-9	15	+5
20	2-8	3-7	11	2-3	3-9	18	+7
21	3-3	4-1	10	2-9	3-9	12	+2
22	none	4-2			4-3		
23	3-3	4-1	10	2-3	3-6	15	+5
24	2-8	3-7	11	2-6	3-9	15	+4
25	3-1	4-0	11	2-9	4-0	15	+4
26	3-2	3-10	8	3-0	4-0	12	+4
27	3-1	4-0	11	2-3	3-6	15	+4

TABLE IV-B (Cont.)
GESELL DEVELOPMENTAL EXAMINATION
1973-1974

CHILD	CHRONOLOGICAL AGE PRE	CHRONOLOGICAL AGE POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	DEVELOPMENTAL AGE PRE	DEVELOPMENTAL AGE POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
1	3-5	4-5	12	2-6	4	18	+6
3	3-3	4-2	11	2-3	3-3	12	+1
4	3-6	4-1	7	2-5	3-5	12	+5
6	2-11	3-11	12	3-0	3-6	6	-6
8	2-10	3-10	12	2-3	3-6	15	+3
9	3-5	4-5	12	2-6	3-6	12	0
10	3-1	4-1	12	2-6	4-0	18	+6
11	3-11	4-11	12	3-3	4-3	12	0
12	4-4	5-3	11	2-6	3-0	6	-5
13	4-3	5-4	13	3-6	4-9	15	+2
14	4-0	5-0	12	2-9	4-3	18	+6
15	2-8	3-8	12	2-6	3-6	12	0
16	2-8	3-8	12	2-3	3-6	15	+3
17	4-9	5-8	11	3-0	3-6	6	-5
18	4-0	5-0	12	3-0	4-0	12	0

TABLE IV-B (cont.)
GESELL DEVELOPMENTAL EXAMINATION
1972-1973

CHILD	CHRONOLOGICAL AGE PRE	CHRONOLOGICAL AGE POST	NO. OF MONTHS CHRONOLOGICAL GROWTH	DEVELOPMENTAL AGE PRE	DEVELOPMENTAL AGE POST	NO. OF MONTHS DEVELOPMENTAL GROWTH	DIFFERENCE BETWEEN GAINS IN CA & DA
1	5-9	6-4	7	2-5	2-5	0	-7
2	3-11	4-7	8	3-25	4-5	15	+7
3	4-1	4-7	6	2-75	3-0	3	-3
4	4-0	4-8	8	4-0	4-5	6	-2
5	4-11	5-7	8	3-0	4-5	18	+10
6	4-1	4-4	3	2	2	0	-3

B. Effects on Children 1975-1976 as Measured by Teachers' Ratings and Observations

Related to:

Objective 4: To develop a continuous evaluation process for purposes of research and demonstration.

Objective 6: To document gains in adaptability, reduction of stress and improvement of cognitive functioning of the child.

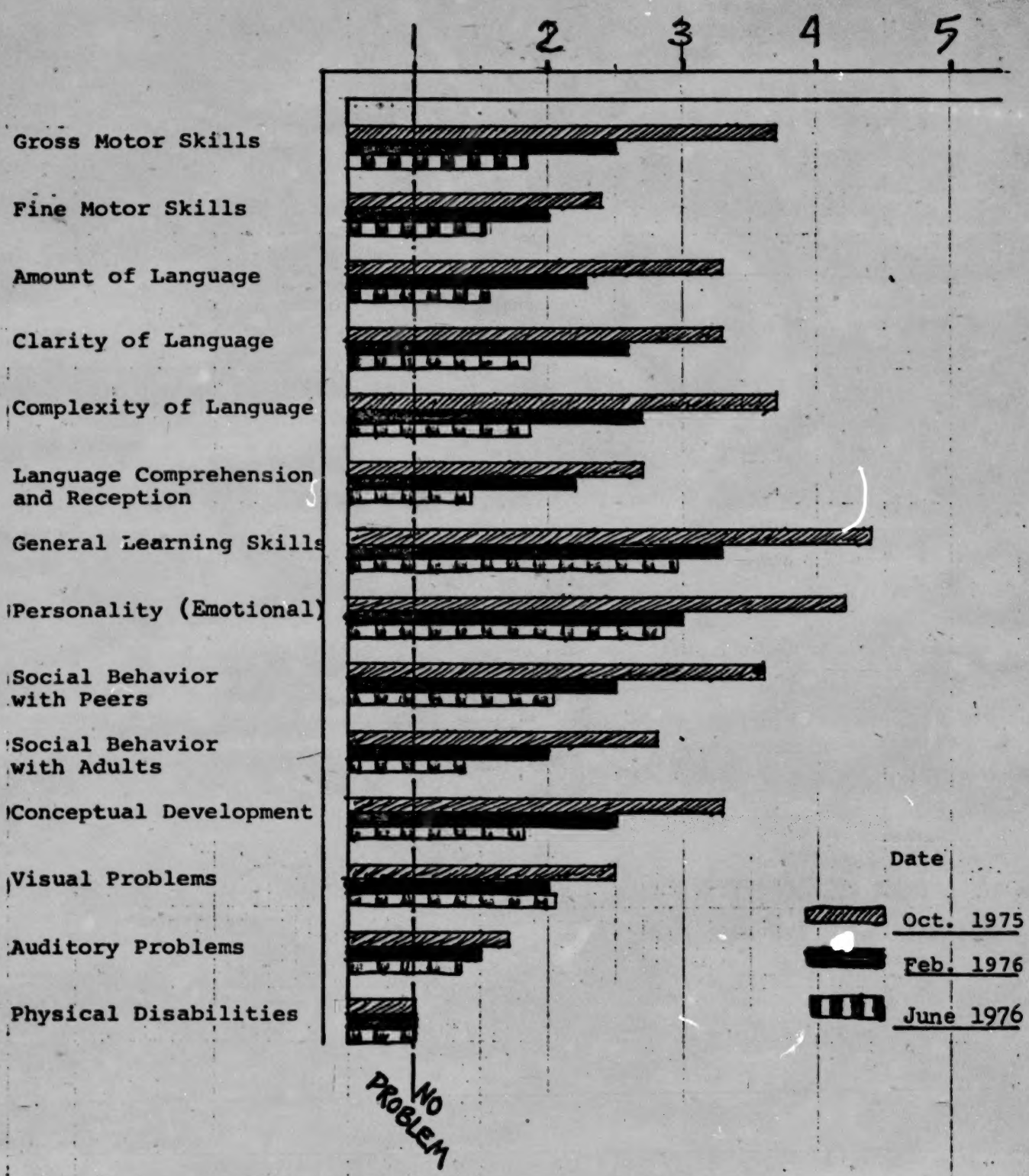
ANALYSIS OF BEHAVIOR RATINGS

Teachers made general ratings of the abilities of each child in their classroom in 14 behavior areas using a seven point scale, with one indicating no problem and seven representing a serious problem. (See Appendix B-1 for a copy of the rating scale.) Ratings were made in October, February and June when the beginning, mid-year and final Classroom Observation Schedules were completed. The rating scale corresponds to the Classroom Observation Schedules.

To obtain a reliability index for the ratings, at the end of the year the aides in each classroom were asked to complete the same rating scale for each child in their classrooms. The ratings of the aides were then compared to those of the teachers. Table IV-C presents the results of these comparisons in each of the four groups. The table also presents the results of the teacher-aide comparisons for each of the 14 areas. The data in the table can be summarized as showing an average perfect agreement between teachers and aides of 63.5% and 90% of the ratings within one point of each other.

Figure 1 shows the average ratings for the preschool group on each of the 14 abilities at the three different times the ratings were made (October, February, and June). The averages are based on the teachers' ratings. Table IV-D presents the results of the statistical analyses: t tests comparing the first and third ratings. As both the figure and the table show, significant gains were made in 12 areas. The two areas that did not show significant changes, as rated by the teachers, were auditory problems and physical disabilities, areas which an educational program would not be expected to affect. However, visual problems did show an improvement at the .05 level of significance and this area probably reflects the emphasis of the program on perceptual skills, the influence of the optometrist-consultant and the effect of some of the children's visual operations and/or treatment. The other 11 areas: gross motor, fine motor, four language areas, general learning, personality (or emotional development), social behavior with peers, social behavior with adults and conceptual development all indicate significant improvements.

FIGURE 1



GROUP MEANS FROM TEACHER RATINGS BASED ON CLASSROOM OBSERVATION SCHEDULES

n = 26 2 teachers
(1 child who entered mid-March 1976 is not included)

TABLE IV - c

Teacher-Aide Agreement

	% Perfect	% Within 1 Point
By Class (Overall):		
1 (112 ratings)	51.7%	86.0%
2 (96 ratings)	62.5	96.8
3 (112 ratings)	65.1	89.3
4 (112 ratings)	75.0	89.3
By Area (27 ratings)		
1. Gross Motor Skills	59%	93%
2. Fine Motor Skills	63	89
3. Amount of Speech	70	89
4. Clarity of Speech	63	89
5. Complexity of Speech	70	89
6. Comprehension and Reception	74	93
7. General Learning Skills	41	70
8. Personality (Emotional Dev.)	52	89
9. Social Behavior with Peers	59	89
10. Social Behavior With Adults	56	93
11. Parent-child Interaction*	52	85
12. Conceptual Development	70	93
13. Visual Problems	59	96
14. Auditory Problems	81	100
15. Physical Disabilities	93	93
16. General Health*	56	93

* Categories added at mid-year. Not included in statistical analyses.

TABLE IV-D

Statistical Analyses of Behavior Ratings

Area	Initial Rating	Final Rating	Difference	$\frac{t}{(df = 25)}$ value	P
1. Gross Motor	3.73	1.85	1.88	6.26	.001
2. Fine Motor	2.42	1.58	1.14	3.80	.001
3. Amount of Speech	3.27	1.58	1.69	4.97	.001
4. Clarity of Speech	3.31	1.88	1.43	4.61	.001
5. Complexity of Speech	3.65	1.88	1.77	5.20	.001
6. Comprehension and Reception	2.73	1.42	1.31	4.09	.001
7. General Learning	4.38	2.96	1.42	6.17	.001
8. Personality-emotional	4.15	2.85	1.30	4.33	.001
9. Social-Peers	3.62	2.04	1.58	4.78	.001
10. Social-Adults	2.85	1.38	1.47	4.74	.001
11. Conceptual Development	3.31	1.81	1.50	4.83	.001
12. Visual Problems	2.5	2.04	.46	2.42	.05
13. Auditory Problems	1.7	1.35	.35	1.75	N.S.
14. Physical Disabilities	1.04	1.00	.04	1.33	N.S.

INDIVIDUAL CASE STUDIES:
SUMMARIES OF CLASSROOM OBSERVATION SCHEDULES AND TEST REPORTS

The Cheshire Preschool program includes children with a wide variety of needs and strengths. The curriculum is highly individualized: no two children are expected to select activities and use the materials in the same way, even if their needs are similar. Moreover, no single evaluation instrument can present all the strengths or problems of the whole child. Although we believe that the tests, Binet and Gesell examinations, provide much useful information, they were not designed to examine all the behaviors we feel make up the whole child.

We feel that the observations of the teachers, who work daily with parent and child, can serve an evaluative purpose. This year, we have used the Classroom Observation Schedule (see appendix) as a formal structure for the teachers' observations. Teachers completed the schedules three times (beginning, mid-year, and end of year) and shared the observations with the parents each time. In order to present a picture of the children who make up the preschool, we have summarized the teachers' observations for each child in the 1975-76 program. These 27 case histories together with the reports from the Gesell and Binet examinations, convey information about the preschool children that group scores on particular behaviors cannot. This highly individualized data reflects the highly individualized nature of the Cheshire Preschool program and therefore samples are included in the text of the evaluation.

Child 2 Birthdate: 4/12/71
Admitted: 9/75

Reason for admission: Down's Syndrome

Classroom Observations 1975-1976

Gross Motor Skills: In the fall had a waddle-like gait, would not jump or play ball, had poor balance and coordination. Has become more competent, walk is no longer a waddle, will climb, jump in place, can hit tether ball. Running is still not agile and she will not jump down. She is very aware of herself in space, except when running.

Fine Motor Skills: At first had poor finger control, no pincer grasp, had difficulty manipulating small objects. Manual dexterity, agility and coordination have improved greatly this year.

Language: In the fall had difficulty understanding what was said to her and almost no expressive language. Now understands everything said to her and is beginning to put two or three words together. Can make herself understood verbally. Music and mirrors have aided language development.

General Learning Skills: Her attention and ability to concentrate have been age-appropriate, but at times she moves quickly from one activity to another and had difficulty getting involved. In the fall, she would run out of the room if nothing interested her. Now she asks for materials. Exploratory behavior is beginning to show some planning. She is interested in and willing to try new things.

Auditory, Visual and Physical Systems: No apparent auditory problem; one eye seems to turn in at time. Will have surgery in August to close holes in her heart.

Emotional Development: At first had low tolerance of frustration and failure. Is now better able to tolerate frustration. Self-image and awareness of others are good. She is outgoing and not afraid of new people or situations. She likes to have her own way and it is difficult to get her to do something she does not want to do.

Social Behavior With Peers: In the fall was not really aware of other children. Now can play with others, but needs help in approaching them in positive ways.

With Adults: At first did much testing of adults, but responded to clearly stated limits. Now age-appropriate.

With Parent: In the fall would not let her mother out of her sight. Is now able to leave mother without any problems.

Conceptual Development: She, at 5 years, 0 months, is performing at a mental age of 2 years, 4 months. Her strengths are in the social, adaptive areas while her greatest weakness is with language. Last year, she was untestable on the Stanford-Binet.

Child 2 (cont.)

Test Performance

Gesell Developmental: First examination was given on August 28, 1975.
Chronological age: 4 years 4 months
Developmental age: 2 years 0 months

A great deal of resistance to the test situation was observed. Variant behavior (responses to structure) was that of a child of 18 months of age.

Second examination was given May 10, 1976.
Chronological age: 5 years 9 months
Developmental age: 2 years 8 months

There is much less scatter in her performance and more flexibility in her response to structure. She continues to need that bit of extra time to make a total shift from one task into another.

In general, verbal communication is easier and much more meaningful.

Child 8 Birthdate: 4/30/70
Admitted: 9/75

Reason for Admission: Possible emotional problems, appears to function in abstract and unable to concretize. Referred from private nursery school because of inability to interact with other children.

Classroom Observations 1975-1976

Gross Motor Skills: In the fall, was very tense and moved stiffly in all activities. He did not enjoy motor activities and was unwilling to attempt most. Appeared to lack awareness of his body in space. Over the year, tenseness decreased especially in the context of dramatic play. His swimming and other motor activities showed marked improvement as did awareness of self in space. Now he is less stiff and more willing to try motor activities. Skills are age-appropriate, but his muscle tone can be tense depending on his emotional state.

Fine Motor Skills: Have been age-appropriate all year.

Language: Comprehension is age-appropriate. Has had difficulty attending to verbal directions, especially when he is anxious or upset; but he is more willing to accept verbal limits now than in the fall. In the fall his voice was high and had little modulation, he talked constantly and when he was excited his verbalizations were unrelated and confused. Now there is less extraneous verbiage and his speech is more connected to what he is doing. His voice is still loud at times.

General Learning Skills: In the fall, had difficulty setting limits, moving from one activity to another, selecting a task and seeing alternative ways of using materials. His ability to move from one activity to another, to select a task and to use materials in different ways have improved. He has had difficulty in organizing himself and following through with activities since his mother's hospitalization in April, but has shown improvement in recent weeks. All year has been able and willing to work with other children and has shown good attention span and ability to concentrate.

Auditory, Visual and Physical Systems: In the fall could not visualize or respond to curves, but now his visual abilities are age-appropriate. He has trouble sleeping when he is tense. No auditory problems.

Emotional Development: In the fall he was friendly but wanted to control situations and had difficulty following. Seemed fearful and anxious and showed little reaction to success. He was frustrated when it was time to leave. He used fantasy to organize his ideas. Swimming has helped lessen his fearfulness and anxiety. He is no longer frustrated when it is time to leave. However, his mother's hospitalization has made him more anxious and fearful and easily frustrated. Now he has difficulty accepting adult support and feels very poorly about himself. Emotional development remains the major area of concern about him, but he is now better able to express his anxiety and confustion.

Child 8 (cont.)

Social Behavior With Peers: In the fall was able to interact and share with peers, but has regressed. He is concerned about his lack of acceptance by his peers, but is unable to modify his approach and requires adult help to have positive social interaction.

With Adults: Good interaction in the fall but lately has been hesitant to accept adult support and complains about adult restrictions.

With Parent: Age-appropriate.

Conceptual Development: Well-developed abstract thinking and ability to preplan and work from sequences verbally or diagramatically from beginning to end. Continues to need adult support to get started, find alternatives and integrate others into his play. Problems in relating thoughts to reality remain.

Test Performance

Stanford-Binet: He, at 6 years, 0 months, is performing at a mental age of 7 years, 6 months. Last year, at 4 years, 11 months, he performed at 5 years, 5 months.

Gesell Developmental: First examination was given November 6, 1975.
Chronological age: 5 years 6 months
Developmental age: 4½ years to 5 years
Varient behavior indicated very young emotional behavior--about a 3½ year level.

The difference between his developmental and chronological ages has lessened. It is now less than 6 months whereas before it was from 6 to 12 months.

Some tense, perseverative behavior remains. However, this is not as rigid and lacks the driven quality seen earlier.

Child 11 Birthdate: 11/5/71
Admitted: 9/75

Reason for Admission: Possible emotional problems
Fetal distress

Classroom Observations 1975-1976

Gross Motor Skills: Avoided climbing equipment in the fall; but used more by end of the year. All skills have been age-appropriate levels all year.

Fine Motor Skills: Have been at age-appropriate level this year.

General Learning Skills: In the fall had problems making and carrying out realistic plans, choosing from play materials available in the room, organizing play in a meaningful way, and making transitions from one activity to another. By the end of the year he has become more able to use available materials and thus accept external limits. However, ability to organize play and make realistic plans, while improving, remain below age level.

Auditory, Visual and Physical Systems: Question of hearing ability in the fall, Now there are no apparent problems.

Emotional Development: Has been volatile all year, although anxiety and need to overwhelm and control others have lessened. Appears to have great emotional fears and tends to fall apart when things become too much for him. Remains an area of concern.

Social Behavior with Peers: In the fall, needed to control and feel powerful and could not play cooperatively with others. By end of year, better able to participate in group activities and play with and accept ideas of others. Still not at age-appropriate level.

with Adults: Need to control also seen here, although he has improved over the year.

with Parent: In the fall was jealous if father played with another child. Improved over the year, but not at age-appropriate level.

Conceptual Development: At age-appropriate level.

Test Performance

Stanford-Binet: He, at 4 years, 6 months, is performing at a mental age of 5 years, 11 months which places him in the superior range of ability. His strengths are vocabulary and comprehension. In June, 1975, at 3 years, 7 months, he achieved a mental age of 4 years, 6 months on the Binet. Thus, in 10 months he's shown 17 months growth mentally.

Child 11 (cont.) Birthdate: 11/5/71

Gesell Developmental: First examination was given July 3, 1975.
Chronological age: 3 years 8 months
Developmental age: 3½ + years
Basically his overall development was in keeping with his chronological age. Slight scatter within the performance was seen.

Second examination was given May 17, 1976
Chronological age: 4 years 5 months
Developmental age: 4 years 6 months
His overall developmental is strongly at his chronological age with several successes beyond his age. His performance is very consistent.

Child 12 Birthdate: 8/3/72
Admitted: 10/17/75

Reason for Admission: Speech unintelligible
Visual-motor problems
Difficulties in spatial orientation
Highly allergic-many ear infections

Classroom Observations 1975-1976

Gross Motor Skills: In the fall, had little interest in or ability on large motor equipment. Climbing ability and body balance were poor. He has improved greatly, particularly his confidence in climbing, but at times he trips and falls frequently. He generally lacks strength and vitality and seems weaker than peers, but he is now motivated to try motor activities.

Fine Motor Skills: Coordination and dexterity are age-appropriate, but he lacks strength in his hands and fingers.

Language: In the fall was shy and reluctant to talk, despite well-developed inner language, vocabulary and thought. His speech was almost unintelligible. By the end of the year his willingness to talk had increased so that there are now more opportunities to develop speech clarity, which remains below age level in everyday situations.

General Learning Skills: In the fall was distractible and disorganized. Over the year he has shown general improvement but inconsistent behavior remains. At times he is well-organized and able to concentrate, at other times he is disorganized and distractible. However, when he attends he shows age-appropriate learning skills.

Auditory, Visual and Physical Systems: Has many colds and ear infections which may affect hearing. Questions remain about his visual-motor system because of the discrepancies in his motor functioning.

Emotional Development: In the fall did not interact with other children at all. Over the year has grown to trust and become friends with the other children and is now able to work and play with them, although still below an age-appropriate level.

With Adults: Age-appropriate.
With Parent: Age-appropriate.

Conceptual Development: At age-appropriate level.

Test Performance

Stanford-Binet: He, at 3 years, 9 months is performing at a mental age of 5 years, 4 months. His particular strength is comprehension. Last year, at 2 years, 10 months, he performed at 3 years, 8 months plus. (He could not sustain to his ceiling age.)

Child 12 (cont.)

Gesell Developmental: First examination was given July 8, 1975
Chronological age: 2 years 11 months
Developmental age: 2½ years (+)

Slight developmental youngness was seen at this time. There was a difference of about 6 months between Chris' developmental and chronological ages. Variant behavior suggested quite young emotional development.

Second examination was given May 13, 1976
Chronological age: 3 years 9 months
Developmental age: 3 years 9 months - moving strongly into 4 year old behavior.

Nice gains have been made in his overall development. There is no lag between his chronological and developmental age - in fact he has moved beyond his chronological age in several areas. Some speech substitutions and fine motor tremor remain, however, they do not seem to encumber his ability to function.

Child 14 Birthdate: 9/19/72
Admitted: 1/76

Reason for Admission: General developmental lags
Unclear speech when excited
Highly allergic

Classroom Observations 1976

Gross Motor Skills: When admitted to program, motor skills were far below age level. He would not attempt motor equipment and was reluctant to move. By end of year, improvement in skills and particularly willingness to try. Remains an area of concern.

Fine Motor Skills: Have been at age-appropriate level.

Language: Upon admission, had difficulty understanding verbal directions. Now both receptive and expressive language are age-appropriate.

General Learning Skills: Upon admission seemed to have trouble regaining concentration when distracted. Now appears to have age-appropriate learning skill, although his overall slow tempo seems to limit the number and variety of his activities.

Auditory, Visual and Physical System: Questions about all areas at first. Currently no apparent auditory problems although his way of moving and approaching things leads to questions about visual-motor skills.

Emotional Development: Generally at age-appropriate level, although overcautiousness, lack of risk-taking and tight control on himself suggest possible concerns.

Social Behavior with Peers: Age-appropriate.
with Adults: Age-appropriate.
with Parent: Age-appropriate.

Conceptual Development: At age-appropriate level.

Test Performance

Stanford-Binet: He, at 3 years, 8 months, is performing at a mental age of 5 years, 1 month. His strengths are in language and conceptual development. When he was 3 years, 4 months, he was performing at a mental age of 4 years, 3 months, indicating a growth of 10 months in 4 months time.

Gesell Developmental: First examination was given February 9, 1976
Chronological age: 3 years 4 months
Developmental age: 3 to 3½ years.
Youngest development was seen in the gross motor areas and there was quite a span of ages (2½ to 4½ years).

Second examination was given May 17, 1976.
Chronological age: 3 years 8 months.
Developmental age: 3 years 6 (+) months
His overall performance is basically in keeping with his chronological age. At 3 years 8 months of age, his development is solid at 3½ with good movement toward 4 year behavior. There is not as much scatter within the exam as seen earlier.

Child 25 Birthdate: 7/3/71
Admitted: 9/74

Reason for Admission: Vision problem--strabismus, glasses since age 1. Severe temper tantrums, inflexible, stubborn.

Classroom Observations 1975-76

Gross Motor Skills: Have been age-appropriate all year.

Fine Motor Skills: Have been age-appropriate all year.

Language: In the fall had lags in receptive language. Now is more willing to follow directions, but when agitated requires single clear directions. Comprehension is now age-appropriate. In the fall had difficulty finding words to express and describe desires and needs which led to frequent temper tantrums. Production is now age-appropriate.

General Learning Skills: In the fall had lags in ability to work in same area as other children, could not share space or materials, had conflicts over organization of play and was easily frustrated. Skills are now age-appropriate, but when she is upset they regress.

Auditory, Visual and Physical Systems: In the fall appeared to have auditory problems as seen by poor receptive language. Now there are no apparent auditory or physical problems. Has been strabismic since birth and has had an operation recently. Eyes now appear straight but she does not appear to be using them together.

Emotional Development: In the fall had frequent temper tantrums, low tolerance of frustration and a poor self-image. Now there are fewer tantrums and she has increased tolerance of frustration. She remains anxious and negative.

Social Behavior with Peers: In the fall had difficulty sharing and taking turns. Did not enjoy large group activity. Now shows improved interaction but is aggressive when upset and at times has difficulty accepting ideas and alternatives of others. Not at age-appropriate level.

with Adults: In the fall became upset with adult input unless it had been requested. Now shows age-appropriate interaction when she initiates it and is not upset.

with Parent: In the fall could not accept mother's input if it had not been requested. Interaction is now age-appropriate.

Conceptual Development: Has had difficulty all year with prepositions and responding to things in terms of relationships, but has shown some improvement over the year.

Test Performance

Stanford-Binet: She, at 4 years, 10 months, is performing at a mental age of 4 years, 11 months, placing her in an average range of ability. Last year, at 3 years, 10 months, she scored 4 years, 3 months.

Gesell Developmental: First examination was given May 19, 1975.
Chronological age: 3 years 10 months.
Developmental age: 3½ years
She was functioning at a good 3½ year level moving toward 4 years. Her responses were in keeping with her developmental age.

Second examination was given May 5, 1976.
Chronological age: 4 years 10 months.
Developmental age: 4 years 6 months.
There is a slight difference between her developmental and chronological ages, however, in general they remain within the same level. Some difficulty in visual motor areas was exhibited.

PARENTS' PERCEPTION OF

THEIR PRESCHOOL CHILD

C. Effects of Preschool on Parents and Their Perceptions of Their Preschool Children (1975-76)

Related to:

Objective 1: To give mothers insights into basic learning pattern that are unique to their children thereby improving the child--mother relationships and possibly diminishing learning disabilities.

Objective 2: To help the child and his mother become aware of both his motivation and his sensory processing.

Objective 4: To develop a continuous evaluation process for purposes of research and demonstration.

Objective 6: . . . to document measurable gains in the mother's child-rearing techniques.

At the beginning of the 1975-1976 school year, parents of Cheshire Preschool children and parents with children in a nearby private nursery school filled out the same questionnaire regarding their perception of their preschool children and their feelings and attitudes toward their children. The two groups of children were the same age (4.69 for Preschool and 4.60 for nursery as of May, 1976); but they differed in that the Cheshire Preschool group had been identified as having "potential learning disabilities" due to a variety of reasons, while the comparison children had not been identified as showing serious developmental problems. The results of the initial (October, 1975) comparison of the two groups have been described in the report: "Parent's Perception of Their Preschool Child: Highland School vs. Private Nursery School" (Corsini and Rothschild, 1975). The results of the follow-up comparison, as well as the differences between the initial and follow-up comparisons, have been discussed in the report: "Parent's Perception of Their Preschool Child: Cheshire Preschool vs. Private Nursery School, End of Year Comparison" (Corsini and Rothschild. 1976). The findings from the follow-up comparison and the differences between the two comparisons are summarized below. Both initial and follow-up reports are available from the Preschool. A copy of the questionnaire is found in the Appendix.

Ability Comparisons - Section I

In Section I of the questionnaire parents were asked to rate their children on 30 abilities in the areas of fine motor, gross motor, language and social skills. Parents marked whether they judged their children to be "Poorer Than," "About the Same." or "Better Than" other children of the same age on each ability. A Chi-Square analysis was used to assess the probability that the two groups of parents used the categories with equal frequency. For purposes of the Chi-Square analysis, the categories "About the Same" and "Better Than" were combined and contrasted with the category "Poorer Than".

Language Problems

Significant differences between the Cheshire Preschool group and the nursery school group in the area of language were demonstrated at both pre and post testing periods as reflected by the items: clarity of speech, amount of speech and complesity of speech. However, the level of significance of the difference on each item decreased between the Fall and Spring. For example, 63% of the Cheshire Preschool parents rated their children as poorer in speech clarity in the Fall; but only 42% did so in the Spring. Similarly, 40% of the Preschool parents rated their children as poorer in speech complexity in the Fall; but only 12% did so in the Spring. While problems with language skill significantly differentiate the two groups of children, over the year the differences have become less dramatic and indicate that the Cheshire Preschool children are now more often considered to be within the normal range than they had been in the Fall.

Fine Motor Problems

In the Fall, two items, Drawing Ability and the Use of Pencils/Crayons, significantly differentiated the two groups in favor of the nursery school group. In the Spring survey the two groups were not rated differently on these items. Thus, in the Spring the Cheshire Preschool and nursery school children were no longer different in the fine motor behaviors assessed by these two items.

Complex Motor Abilities

In the Fall three items concerned with gross motor skills differentiated the two groups: Coordination, Throwing Ability and Catching Ability. In the Spring the difference on two of the abilities, throwing and catching, was no longer significant; but the difference in coordination remained significant. In addition, the Spring difference between the two groups on balance was significant. Thus, over the year there was no change in the degree to which the groups were differentiated by more frequent ratings of poorer on complex motor skills. However, there were no differences between the groups on simple gross motor skills (e.g. walking and running).

Social Behavior

In the Fall survey significant differences between the groups were obtained on two social behavior items: ability to get along with other children; and ability to take turns and share with other children. In the Spring the difference between the two groups in ability to get along with other children was no longer significant. However, the difference between the groups in ability to take turns and share remained significant, but the data indicated that both groups of children made positive gains on this item.

Other Items

On the ability to follow directions there was a significant difference between the two groups in the Fall that was not found in the Spring.

Differences in Vision were seen at both times indicating a higher frequency of vision problems in the Preschool group than in the private nursery group.

New Items on Spring Questionnaire

Three new items were added to Section I for the Spring survey and the Cheshire Preschool children were rated as poorer more frequently than were nursery school children on all three: ability to persist after initial failure; ability to plan ahead; and ability to concentrate. Because these items reflect abilities that are important in the academic learning situations, they will be included in future evaluations.

Pre-Post Comparisons - Section I

Chi-Square analyses comparing Fall and Spring ratings were also performed for each group separately. For the nursery school group more of the changes between Fall and Spring were significant, but the change on ability to play cooperatively with others approached significance. Fewer children were rated as poorer on this ability in the Spring than in the Fall - a change that is generally desired as a function of conventional nursery school experience.

For the Cheshire Preschool group only two of the Fall/Spring comparisons were significant. There was a significant change in parents' perception of their children's speech complexity, with fewer parents judging this ability "poorer" in the Spring than in the Fall. Eating habits also reflected a significant Fall/Spring change, with the Preschool children showing improvement. The change on this item may indicate that the Preschool staff's informal concern with proper child nutrition has had positive effects.

Indications of Dramatic Change - Section I

On the Spring questionnaire parents were asked to place a star beside those items on which they had seen "dramatic positive change over the last 6 months". This procedure was used because it was possible for changes to have occured in some children without that change placing them within the normal range on a specific ability. The two groups were compared on the number of items for which dramatic positive changes had been noted. Several nursery school parents starred no items and it was not clear whether this omission indicated that no abilities had changed dramatically or that the parent had failed to follow the directions. Therefore, only 25 of the 39 nursery school protocols were used for this comparison.

The Chi-Square analysis comparing the number of Cheshire Preschool parents who reported 5 or more dramatic changes with the number of nursery school parents who reported 5 or more dramatic changes, was significant. Over two-thirds of the Cheshire Preschool parents, compared with one-third of the nursery school parents, reported dramatic changes in 5 or more abilities in Section I. This finding is a strong indication that the Cheshire Preschool program has been effective in its intervention with these children who were identified as having potential learning disabilities.

Summary of Section I

As a group, the Cheshire Preschool children were more frequently rated by their parents as poorer than normal on the abilities listed in Section I of the questionnaire. However, over the year there were changes which indicated that the Cheshire Preschool program has had a positive effect on these children with potential learning disabilities. One demonstration of the program's effectiveness is the fact that significant differences between the ratings of Cheshire Preschool and nursery school children were found on only 6 of 27 abilities in the Spring, compared to 11 of 27 abilities in the Fall. A second indicator is that the Cheshire Preschool parents reported a significantly higher frequency of "dramatic positive change" than did the comparison parents.

The pattern of abilities which indicated significant differences between the two groups changed between the Fall & Spring surveys. Cheshire Preschool children showed the most dramatic change in language, fine motor and social skills; and these changes were all in the positive direction. In areas where there had been significant differences between the two groups in the Fall, there were no large significant differences in the Spring.

Both groups of parents noted dramatic positive changes in their children in the peer socialization and in concentration and persistance. The nursery school parents noted dramatic changes more frequently than the Cheshire Preschool parents in pencil/crayon use and drawing. This difference probably reflects a relatively greater emphasis on these skills in the nursery school as compared with the Cheshire Preschool.

Significant positive changes did not occur in the Cheshire Preschool group in the abilities grouped under complex motor skills (e.g. coordination and balance), indicating a need for the Preschool to reconsider its activities and concentration in this area. However, taken as a whole the pattern of changes in the abilities listed in Section I indicate that the Cheshire Preschool program has had a significant positive imput on its children.

Behavior Ratings of More/Equal/Less - Section II

Section II of the questionnaire asked parents to rate whether their children showed particular behaviors with more, equal, or less frequency as compared to the parents' conception of whatis true for the average child of a similar age. Section II was expanded from 10 to 21 items in the Spring survey.

Comparison Between Groups: Fall/Spring on 8 Original Items

In the Fall the two groups of children had been significantly different, by parent report, on 6 of 8 items. In the Spring the two groups differed significantly on only 2 of the 8 original items. Cheshire Preschool children continued to be more frequently rated as having less mature behavior and more temper tantrums than average. However, ratings on crying, immature behavior, question asking and general happiness were no longer significantly different for the two groups. The overall decrease in the number of items which differentiate the two groups can be considered a general indication of Preschool program effectiveness.

Comparison Between Groups: 13 New Items

On four of the 13 new items there were significant differences between the two groups and differences tending toward significance ($p > .10$) on 3 more items. These items can be grouped into two clusters similar to those described by Behar & Springfield (1974)[1] in their report on the dimensions which differentiated normal from abnormal preschool children. The items restlessness, fussiness, moddiness and worrying reflect the "Anxious Fearful"factor. The items fighting, consideration for others and assertiveness reflect the "Hostile - Aggression" factor. While it is not possible, from the present data, to deferentiate whether the Cheshire Preschool children as a group have over the year become less deviant in relation to a normal comparison group, the data indicate that the Cheshire Preschool children do have characteristics which have been described in the literature as being typical of deviant preschool children. Subsequent evaluations may determine

[1]Behar, L. & Springfield, S. A behavior rating scale for the preschool child. Developmental Psychology, 10, 601-610.

the degree to which changes on these characteristics may result from program participation.

Attitudes & Feelings About Children - Section III

Section III of the questionnaire presented questions concerning the mothers' attitudes and feelings about her child and her child's schooling. The Spring questionnaire contained the original 28 items and 7 additional items. This narrative describes the broad areas in which changes in Cheshire Preschool mothers have been seen.

Understanding & Acceptance of Their Children

In the Fall Cheshire Preschool mothers indicated a greater degree of confusion and uncertainty about their children than did the nursery school mothers. In the Spring survey the Cheshire Preschool mothers showed increased understanding and acceptance of their children. On the item, "how well do you feel you understand your child?" Cheshire Preschool mothers indicated significantly less understanding than did the comparison mothers. The Preschool mothers showed a significant Fall/Spring change in the direction of increased understanding; and the Spring comparison indicated that the differences between the two groups was no longer significant. The item "how well do you feel your husband understands your child?" showed a similar pattern of changes.

Two items, concerned with how often mothers worry about what relatives and other adults think about their children and how often mothers feel isolated from other people because of their children showed similar patterns of changes. Cheshire Preschool parents indicated increased acceptance of their children's behavior and a reduced feeling of social isolation. While the Preschool mothers were significantly different from the nursery school mothers in the Fall, there was no difference between them in the Spring; and the Cheshire Preschool group changed significantly from the Fall to the Spring.

Concern for Child's Future

In both Fall and Spring comparisons the Cheshire Preschool mothers, as compared to the nursery school mothers, showed greater concern about their children's future development as seen on three separate questions. There were no changes in the Preschool mothers' responses from Fall to Spring in terms of the degree of their concern about their children's future development. In light of the fact that many of the Cheshire Preschool children continue to have serious problems which affect many aspects of development, these findings that Cheshire Preschool mothers are more concerned about their children's future, are not surprising.

Feelings of Adequacy as a Mother

In the Fall Cheshire Preschool mothers were significantly different from nursery school mothers on two items which indicated that the Preschool mothers were feeling inadequate as mothers and enjoying mothering less than the comparison mothers. These items were concerned with how much fun the mothers had with their children and how

successful they had been in meeting their children's needs. By the Spring comparison, there were no differences between the two groups on these items. Moreover, Preschool mothers' feelings of success in meeting the children's needs changed significantly from Fall to Spring. This item demonstrates that the Cheshire Preschool program has had a dramatic impact on the mothers in terms of their perceived effectiveness in meeting their children's needs.*

However, in the Spring the Cheshire Preschool mothers still differed significantly from the nursery school mothers in their confidence in their ability to give their children what they need. Both groups became more confident over the year, and the Preschool mothers were significantly more confident than they had been in the Fall; but the difference between the groups remained significant.

Similarly, both groups changed positively from Fall to Spring on questions pertaining to the frequency of feeling angry and frustrated with their children.

Changes in Husbands

In both the Fall and the Spring, about 25% of the Cheshire Preschool mothers, compared to 10% of the nursery school mothers, reported that they seldom or only sometimes agree with their husbands concerning their children, a marginally significant difference. However, both groups indicated that husbands' degree of understanding of the child had increased over the year.

Helpfulness of Professionals

In both Fall and Spring the Cheshire Preschool mothers found; significantly more than the nursery school mothers, that professionals had been of help in understanding their children. Nearly 90% of the Cheshire Preschool mothers found that professionals had been quite or very helpful on both surveys. Thus, the Cheshire Preschool mothers' contact with professionals in the preschool program appears to be helpful to them. *

New Items

Two of the new items concerned the importance of the physical environment for children's learning, a basic concept of the Cheshire Preschool program. On these items, related to the arrangement of the child's room and the home environment, Cheshire Preschool mothers indicated significantly more awareness, than did nursery school mothers, of the importance of the physical environment in children's learning.

Both groups of mothers felt that their children had been affected by preschool experience, but the Cheshire Preschool group chose the category "very much" significantly more often than the comparison mothers. Another significant difference between the two groups was in the degree to which mothers felt that they themselves had been affected by their children's preschool experience - with the Cheshire Preschool mothers feeling more affected by their children's preschool than did the nursery school mothers. Thus, the Cheshire Preschool program, as perceived by the mothers, appears to have had a significant positive impact on both the children and the mothers. However, there was no difference between the two groups in the degree to which the Preschool program had affected the fathers. Increasing father involvement is a major goal of the 1976-77 Cheshire Preschool program.

* It is important to realize that the parents and the consultants work very closely together, which is one of the unique features of the Preschool program.

The final two items on the questionnaire, "to what degree have you been surprised at your child's growth this year? "and "How much have you as a person changed for the better in the last six months?" both indicated significant differences between the two groups of mothers. Both items reflect the dramatic impact the Cheshire Preschool program has had on both these children with potential learning problems and the mothers of these children.

School Related Item

The two groups of mothers did not differ on any of the school-related items at either survey period. Two items, concerned with how handicapped children should be treated in school and their effects on other children, showed that a majority of all the parents were strongly in favor of "mainstreaming" the inclusion of handicapped children within the mainstream of the educational system.

Moreover, both groups of parents indicated that they were interested in what happens to their children within the school system, that they felt they could play an active role in shaping that educational experience, and they were willing to support efforts to maintain quality education. Both groups of parents appear to perceive school to be an open and responsive system to which they have access.

Summary of Section III

It is in this section of the questionnaire that the impact of the Cheshire Preschool program on the mothers can be most dramatically seen. In the Fall these mothers, as compared to a contrast group of mothers of "normal" preschool children, were more confused by their children and were feeling socially isolated because of them. However, analysis of the Spring questionnaires shows that the Cheshire Preschool mothers nave made significant gains in their ability to understand and accept their children. While the mothers as a group are still more concerned about the future development of their children, as compared to the contrast group, their feelings of adequacy as mothers have changed significantly. The Cheshire Preschool mothers have changed from feeling inadequate and finding very little enjoyment in mothering to actively enjoying and feeling in control in the mothering role. The mothers have learned strategies to use the environment and their skills to foster their children's development. Thus, the Cheshire Preschool program can be seen not only in the children but also in the mothers of those children. While the mother changes can be considered partially responsible for the p[illegible]tive child changes and the child changes as partially responsible for the positive mother changes, the two sets of changes cannot be separated. The fact that the changes in both the children and the mothers, one so interrelated, is a clear indication of how and why the Cheshire Preschool program is a successful mother-child program.

D. Longitudinal Effects on Children: Information on Preschool Graduates

Related to

Objective 1: . . . and possibly diminishing learning disabilities.

Objective 6: To document gains in adaptability, reduction of stress and improvement in cognitive functioning of the child.

The progress of the 27 children remaining in the Cheshire School System was investigated by interviewing their current teachers, their mothers, school social worker, developmental examiners, speech therapists, tutors and any other relevant personnel.

Table IV-B presents a summary of the handicapping conditions of the 27 preschool graduates who are still in the Cheshire schools.

Table IV-C summarizes the results of informal interviews of the children's current school teachers. (A copy of the interview is in Appendix). Only 22% of these children were judged "below average" in academic performance, and 19% of these children were judged "below average" in social behavior. Thus, the majority of the preschool graduates are functioning well in their classrooms.

In addition, the supportive services these graduates require are described.

TABLE IV - B

Summary of Handicapping Conditions
of Preschool Graduates Still
in Cheshire

Major Problem	Number
Medical Problems (before or after birth)	12
Language Delay	6
Emotional Problems	6
General Developmental Delay	2
Perceptual Problems	1

In many instances children were admitted to the program for several reasons:

5 children with medical problems also had language delay.

1 child with medical problems also had emotional problems.

1 child with perceptual problems also had emotional problems.

1 child with language delay also had general developmental lags.

3 children also had a family history of learning disabilities.

TABLE IV - C

Summary Data From Teachers' Reports on Progress of Preschool Graduates

7 in first grade

2 in readiness

14 in kindergarten

3 in pre-kindergarten

1 in nursery school

Academic Performance:

	average	average with qualifications	below average
Totals	14	7	6

Social Behavior:

Totals	15	7	5

Preschool Graduates Receiving Services 1975-1976

School social worker, speech therapists, developmental examiners and perceptual tutors in all the elementary schools in Cheshire, as well as the children's classroom teachers, were contacted to identify the Preschool graduates currently receiving services and the nature of the services provided.

Of the 27 children still in the Cheshire school system, 11 receive no services at all. The remaining 16 children receive services, but they are all in the mainstream of school. While it is difficult to say how many of these children would have been placed outside the school system had they not been in the Preschool, it is probable that several would have been candidates for outside placement.

Breakdown of Services (Table IV-D presents a graph of this information)

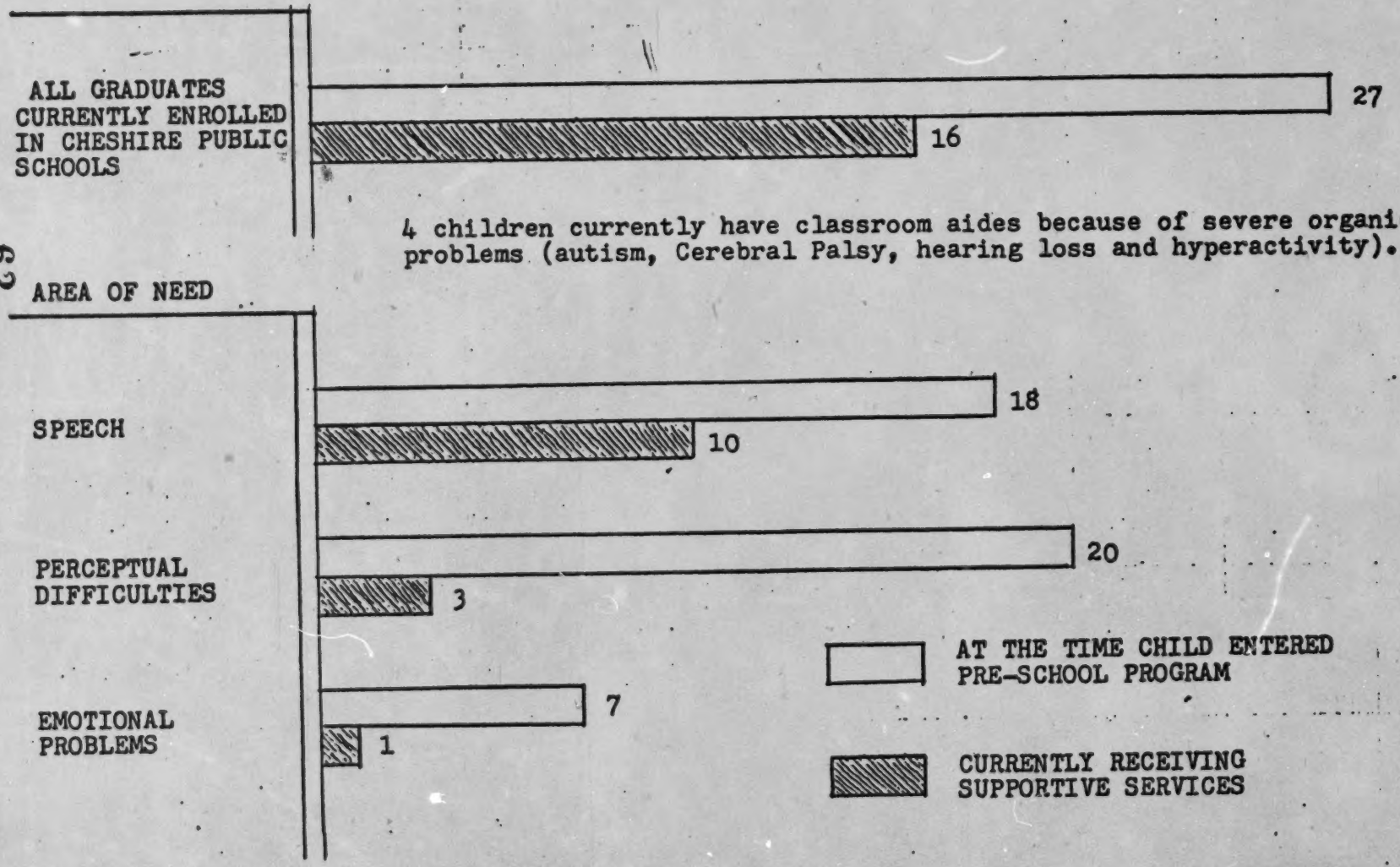
Speech Therapy: Based on Stanford-Binet and Gesell testing, teacher's observations, outside professional diagnosis and parent reports, 18 of the 27 children had significant speech problems when they entered the Preschool. Of these 18, 10 are currently receiving speech therapy. The preschool graduates have been described by one of the speech therapists as having more severe speech and language problems than most of the other children being tutored; they will probably receive speech therapy longer than other children will. However, all these preschool graduates are making progress.

Perceptual Tutoring: Again, based on Binet and Gesell testing, teacher's observations, outside professional diagnosis and parental reports, 20 of the 27 children had neurological and physiological perceptual needs. Of these 20 children, 3 currently receive perceptual tutoring and 4 children with severe organic problems have aides who provide perceptual training. These 4 children all received outside diagnoses of their problems (cerebral palsy, autism, hyperactivity and hearing loss) and they probably would have been placed outside the school system had the supportive services not been available.

Emotional Problems: Upon admission to the preschool 7 children had emotional problems (also based on testing, teachers, outside professionals and parents). Only one of the children is currently receiving services because of emotional needs.

Table IV - D

CHESHIRE PRE-SCHOOL GRADUATES RECEIVING SERVICES 1975 - 1976



4 children currently have classroom aides because of severe organic problems (autism, Cerebral Palsy, hearing loss and hyperactivity).

E. Longitudinal Effects of the Preschool on Parents and Children as Seen by Parents: Interviews of the Mothers of Preschool Graduates.

Related to:

Objective 1: To give mothers insight into basic learning patterns that are unique to their children thereby improving the child-mother relationships and possibly diminishing learning disabilities.

Objective 6: To document gains in adaptability, reduction of stress and improvement in cognitive functioning of the child; and to document measurable gains in the mother's child-rearing techniques.

Summary of Analysis of Mother Interviews

Parents of children who had graduated from the preschool during its first three years were interviewed in order to obtain descriptive information on how participants in the preschool felt they had been affected by their experience in the preschool. All parents still living in Cheshire, with the exception of three mothers who were excluded because of very poor attendance or emotional problems, were contacted. Of the 24 parents contacted, 22 were interviewed. One mother was not interviewed because of scheduling problems and another failed to keep several appointments. Two mothers had had two children in the program. The following report summarizes the major findings from the interviews of 22 mothers and includes 24 children. Interviews took place in November and December, 1975 and January and February, 1976; and all were conducted in the school in which the preschool program is held.

The interview was designed to cover all aspects of the preschool program and was divided into eight sections: Past History; Child's Current Status; Description of Child's Participation in the Program; Changes in Mother's Behavior; Influence of Other Mothers, Meetings, etc.; Husband and Program; Consultants; and Suggestions for Change in the Preschool. (A copy of the Interview is in the Appendix.) A complete analysis of the responses of the 22 mothers on all questions has been prepared (Analysis of Mother Interviews Rothschild, 1976). The following summary presents the highlights of the interview analysis. The accompanying data summary presents the actual counts on each question.

SUMMARY

In describing the history of their children and themselves before they came to the preschool the parents presented pictures of preschool children with diverse kinds of developmental problems. Over half the parents described negative effects on the rest of the family of either the children themselves or the parents' attempts to deal successfully with the children. Some of the children could or would not be left with babysitters or required special arrangements in their daily lives. In other cases siblings were upset by the preschoolers or were neglected by the parents who had to spend more time with the child in need. Over half the preschool children could not get along with other children or adults.

In attempting to "treat" or at least be more successful with their children, most of the parents had consulted medical professionals or educators; but in all cases these efforts were not successful. Some parents felt that the professionals did not fully appreciate the extent of the children's needs and the problems they caused. Parents who did receive professional help because of the severity of the children's needs presented a picture of fragmentation of services with each professional treating only his or her specific area and neglecting the child as a whole individual. In general, parents described themselves as desperate when they come to the preschool.

All the parents saw that their children were greatly improved at the present time; however, several children still had severe developmental needs and over half required some type of supportive services. All parents felt that the preschool had been a positive experience for their children, particularly in the areas of self-confidence, language, socialization and gross motor development. Moreover, with only two exceptions, all the children were described as now being able to get along with other children. Parents were pleased with their children's current school experiences.

When asked to describe how their children had changed over the course of their preschool participation, most of the parents could not recall how or when the changes in behavior had occurred. Answers on this section of the interview were subjective and highly individualized. The case histories of individual children present a more complete picture of the growth and change that occurred during a child's preschool participation. One general finding concerned the positive effects of the child's changes on the rest of the family who were more relaxed and better able to communicate with, enjoy and be patient with these children with special needs.

Parents were much better able to describe the changes in themselves due to their preschool experience. With one exception, all the parents felt they had changed. Parents most frequently described themselves as formerly being less insightful and patient with children, more nervous and depressed, less flexible and harder on their children and less self-confident and more concerned about the opinions of others. Over half the parents had felt isolated due to their worries about and the behavior of their preschool child. Parents generally felt that their behavior with their other children had also been affected. Parents felt they had become more relaxed, considerate and tolerant; they took more time to talk and work or play with their children; and they were more sensitive to their children's needs and better able to deal with problems. When asked what specific things they had learned from the preschool, parents mentioned new ways to work with children, how to talk with children, more patience with children and about other people's problems and attitudes. Few parents admitted to having reservations about the preschool before they became part of it. Moreover, they were unanimous in expressing their enjoyment of their preschool participation.

The parents' meetings were one aspect of the preschool program that had specific and major effects on the parents. All parents felt the meetings had been a positive influence on them. In particular, they mentioned the importance of other parents' friendship and support when they were upset, the comforting effect of learning that others have similar or greater problems and the falue of suggestions and help of other parents when specific problems arose. Parents said that they had attempted to help others by giving advice based on their own experiences or just being there and listening. Over half the parents felt that what happened in the meetings had positively affected their behavior in the classroom.

With regard to the participation of fathers, only about one-fourth had come to preschool regularly although over half of the others had come a few times over the year. The majority of the fathers were described as enjoying their participation and feeling positive about their children's participation. Most of the mothers felt that fathers had a positive effect on the program and that efforts should be made to involve them more closely in the preschool.

Concerning the consultants, parents generally described their contacts with the architect and optometrist. From the architect parents gained greater awareness of the effects of the environment and space on children and adults, more understanding of the physical needs of children, and suggestions about ways to modify their own homes to help their children. From the optometrist parents gained insight into human development, help on how to spot possible perceptual problems, specific information about their own children's vision, and suggestions on how to arrange lights and materials to promote better vision and perception.

Many of the parents had some ideas and suggestions about ways to modify or improve specific aspects of the preschool. Many of the suggested changes have already been made. Yet, in general, the parents felt positive about all aspects of the preschool and grateful for the help and insights they had received. Often the parents expressed the feeling that they did not know where they or their children would be at the present time had it not been for the preschool experience.

Summary of Results of Parent Interviews

NOTE: On some questions parents' responses fell into more than one category. Thus, although the number of parents interviewed was 22 and included 24 children, the numbers of responses on each item do not always equal 22 or 24.

I. Past History

A. What child was like before coming to preschool.

medical problems	8
delays in speech development	6
behavior problems	4
family problems	2
no specific problem	4

1. Birth history, infancy, etc.
(see descriptive summary of characteristics of preschool program graduates)

serious trauma	12
no problems	12

2. Effects on rest of family

none	10
negative	14

Descriptions:

needed special arrangements	4
parents very upset by behavior	4
frustrating to work and live with child	4
siblings upset by child	4
parents could not leave child with sitters, etc.	3
spent less time with other children	2

3. Socializing

	well	badly
with siblings	20	2
with other children	12	12
with adults	13	11

B. How parents tried to deal with child's problems before coming to preschool.

Consult pediatrician, psychiatrist, other medical professionals	11
Speech program at Southern Connecticut State College	2
Regular nursery school	5
Just tried to cope as best as they could	8

Were these "solutions" successful?

yes	0
no	24

I. Past History (cont.)

C. How parents learned about the preschool

word of mouth	11
letter sent by program	7
saw at Highland School	2
sent by child guidance clinics	2
siblings in program	2

II. What Child is Like Now?

Greatly improved - 24

Descriptions:

no serious problems	10	(Note: two of these children appear to have emotional problems that their parents did not mention)
no problems, but receive speech tutoring	3	
doing well, but require supportive services	4	
making progress, but emotional problems	2	
making progress, but still has lags	5	

A. Influence of preschool on child's behavior

Increased self-confidence	10
Increased language and desire to talk	9
Experiences with group situations	8
Gains in gross motor abilities	7
Helped child calm down	2
Better able to accept change and new situations	2
More open to things around them	2
Better prepared for kindergarten	2
Needed all the extra help and attention	2

B. Special services
(see summary of program graduates getting sevices)

None	11	
Speech tutoring	9	(4 of these receive other services as well)
Perceptual or reading tutoring	3	
Aides due to organic problems	4	
Therapy outside school	1	

II. What Child is Like Now? (cont.)

C. Socializing

	well	badly
with siblings	21	1
with peers	21	2

(one did not answer)

D. Parent's attitude toward child's current school experiences

pleased	23
not pleased	1

Descriptions:

feared child would have trouble adjusting, but he/she did not	3
parent wants to observe but is staying away	2
preschool set child back in ability to cope with large groups	1
current nursery school is similar to preschool	1
prefers more large motor activities	1

III. Description of Child's Participation in the Program
(The answers on most of these questions were subjective and could not be summarized. These questions which could be summarized are described below.)

B. 2. Did child act differently at school than at home?

yes	-11
no	- 9
don't remember	- 4

Descriptions:

more active at home	6
more active at school	1
more social at school	1
more social at home	1
more independent at home	1

4. Effects of sex of teacher

none	5
male good for child	6
having both sexes helps - vary program	1

III. Description of Child's Participation in the Program (cont.)

C. Effects on rest of family of changes in child's behavior

no	5
yes	19

Descriptions:

more relaxed	4
better communication with child	3
enjoy child more	3
more patient with child	2
general pleased with changes	2
realize need for physical activities	1
mother can get out	1
less frightening at home	1
mixed effects	2

IV. Changes in Mother's Behaviors

A. Do you think you have changed due to participation in the preschool?

yes	21
no	1

1. What were you like before

less insightful, tolerant and patient with children	8
nervous, depressed	6
less flexible, harder on children	5
concerned about what others would think	4
less self confident	3
quiet, defensive about children	2
didn't enjoy older children as much	2
frustrated	2
spent less time with children	1
didn't like other people's children	1
didn't talk as much	1

2. Did you feel isolated?

yes	13
no	9

IV. Changes in Mother's Behaviors (cont.)

3. Changes in behavior with other children.

more relaxed, considerate, tolerant	7
take more time for children, less for housework--talk with children more	5
more sensitive to needs and better able to deal with problems	4
enjoy children more	2
get down to children's level, verbally and physically	2
generally positive gains	2
let children do more creative things at home	1
work on specific skill development	1
whole attitude change	1
no changes	3
not applicable	2

B. What parent learned from participation in program

new ways to work with children	17
how to talk with children	14
more patience with children	6
about other people's problems	4
other people's attitudes towards chil.	4
be oneself, say what one feels	2
to like other people's children	2
how to change the home environment	2
that others have similar problems	1
more tolerance for other people's problems	1
more observant of children's coordination	1
to sit down quietly with one's child	1

C. Did program seem contrary to expectations

no	18
yes	4

Descriptions:

thought it would be a speech therapy program	2
room and equipment overwhelming	1
surprised at importance of mother's role	1

C. 1. Did you have reservations at first?

no	14
yes	8

Descriptions:

not strict enough	2
spent too much time with own children	2
thought far more seriously handicapped children	2
reservations about own abilities	2
want more structure	1
didn't like use of first names	1

D. Did you like participating in the program?

yes	22
no	0

V. Influence of mothers' meetings.

Positive	21
Ambivalent	1
Negative	0

Descriptions:

friendship and support when upset	17
learn that others have similar or greater problems	13
suggestions and help with problems	12
talk and plan for children	5
understand children better	3
others see things in your child	2

1. Did you think the meetings would be helpful at first?

yes	11
no	3
didn't know	8

V. Influence of mothers' meetings. (cont.)

2. What else did you gain from mothers' meetings? (This section has been combined with a previous one in the analysis)

3. Feelings about Workshops

positive	10
negative	6
ambivalent	5
no answer	1

B. Did you think you said things to other mothers that were helpful?

hoped so	20
no	2

Descriptions:

gave advice based on experience	7
can't say how	6
being there and listening	5
supported and encouraged when they were upset	2

C. Was the relationship with other mothers helpful? (This section has been combined with a previous one in the analysis)

1. Problems with mothers' meetings.

personality clashes	6
irregular attendance	4
need more structure	3

2. Did mothers' meetings affect behavior in the classroom?

yes	16
no	6

VI. Husband and Preschool

A. How often did husband participate in preschool?

regular, frequent, basis	6
a few times over the year	10
none at all	6

B. How did husband feel when he came?

Liked	15
Did not like	1

VI. Husband and Preschool (cont.)

C. Husbands' feelings about child's participation.

Positive	17
Qualms at first but changed	4
Good for wife too	4
Negative	3

D. Comments about participation of fathers in general.

Good	12
Kids liked	6
Would like more	3
Fathers would feel self-conscious	4
Not too important	1

VII. Consultants

A. Had personal contacts

With architect	6
With optometrist	8
With design and materials consultant	3

B. Effects of Consultants

Architect:	
awareness of effects of environment and space on children and adults	10
understand physical needs of children more	7
made modifications in own homes as a result	6
less concerned with neatness	4
got child-sized furniture	2
Optometrist:	
insights into human development	10
indications of perceptual problems	8
specific information about own child's vision	7
how to arrange lights and materials	6

VIII. Suggestions for change

more structured activities, especially in older group	6
get a developmental pediatrician as a consultant	4
more follow through with parents of program graduates	4
more speech therapy consultation	3
better follow-up on plans made	3
too much contact with own parents, too dependent	3
ways to involve fathers	2
when kids are ready, move them on to kindergarten	2
more music in program	1
babysitting services	1

F. Descriptions of Other Components of Preschool Program:

1. The physical evaluation of the preschool classroom
2. Description of the materials designed at the preschool
3. Description of the workshops for preschool parents

Related to:

Objective 2: To help the child and his mother become aware of both his motivation and his sensory processing.

Objective 5: To redesign a Kindergarten room in a newly opened elementary school.

The Preschool Classroom

The preschool program began in a former kindergarten classroom in a nearly new elementary school. The room contains over 1200 square feet and is essentially one very large carpeted area. In the years it has been used by the preschool, a learning place for young children where parents and staff work together has been built. The drawings which follow this description represent the major changes.

Some problems with the space as we found it were apparent even before the children arrived:

1. The room as a whole and elements in it were out of scale. The built-in cabinets were too high to work on. Even more important was the fact that they prevented children from seeing and using the important places where walls join floor and wall joins wall. Therefore, the cabinets were removed and stored. We replaced a small fraction of them with a window seat that makes it possible for a young child to get to the window and look out.

The sheer size of the one continuous space was another problem. As a solution, the counter tops that were removed with the built-in cabinets became "street tables", useful both as space organizers, which subdivide the floor area, and also as work surfaces which children can approach from the floor.

Finally, the cubby area was made into an observation room from which parents, staff and visitors can see and discuss classroom activities. A small "quiet room" for children was retained in the corner as an alternative to the large center space.

2. The "super-market" lighting in the classroom was turned off. Uniform high-intensity overhead fluorescent lighting does not model form well and its even distribution was considered a hindrance to distractible children trying to focus on a task. Therefore, we installed moveable hanging incandescent lamps which have now been supplanted by a combination of track type ceiling fixtures and portable crane lamps of the type used on drafting tables.

These fixtures allow light to be focused in appropriate intensity where it is needed. Art activities, close-order tasks, block building areas, etc. are well-lit with light that casts shadows and models form. Combination incandescent fluorescent fixtures give good color rendition. Light is also diffused through gauze or bounced off adjacent surfaces when softer light is appropriate to the children's play. The overall effect is warm and subdued and the children's response to materials and equipment thus displayed reflects active interest with conscious choice.

Moreover, the natural light, glaring in from the one large expanse of glass, made seeing difficult. This glare problem is still not completely resolved. Teachers sometimes have had to resort to pulling the opaque drapes closed and using only artificial light. Recently we have hung gauze curtains which have graded density increasing toward the higher brighter area of the window. Clear vision to

the landscape outdoors is retained along the bottom edge. The effects of the curtains are currently being evaluated.

From the time the first parents and children first arrived, the classroom has continued to evolve. We believe that young children learn by moving and thus the preschool classroom encourages active exploration. The staff and parents plan together so that the classroom presents an ordered environment which speaks directly to the needs of individual parents and children and helps them grow. In this process staff relies heavily on the preschool's consulting architect, optometrist and materials specialist to evaluate how the room is working and to implement change.

When a second Kindergarten room was added to the preschool, the original preschool classroom became the space for the younger children ranging in age from 3 to 4. In order to particularize the room to the needs of this younger group we did some additional work to bring down the scale of the room and to handle a recurrent problem at the entrance.

1. The entrance to the classroom had no door and its five foot width allowed hallway activities to distract the children. It was also difficult for some younger children to remain in the room, especially when the mothers had left for their second hour meetings. A door was ordered, but while waiting for delivery, we moved the temple (a semi-enclosed wood structure with a platform, four columns and a roof) into the entry way, as a temporary solution. The temple has remained there ever since because it makes entering and leaving the classroom a notable event and reminds children that they are leaving the classroom. The temple at the entrance also serves as a transitional space between the hallway and the roomful of activity, permitting a child a more gradual entry into the room.

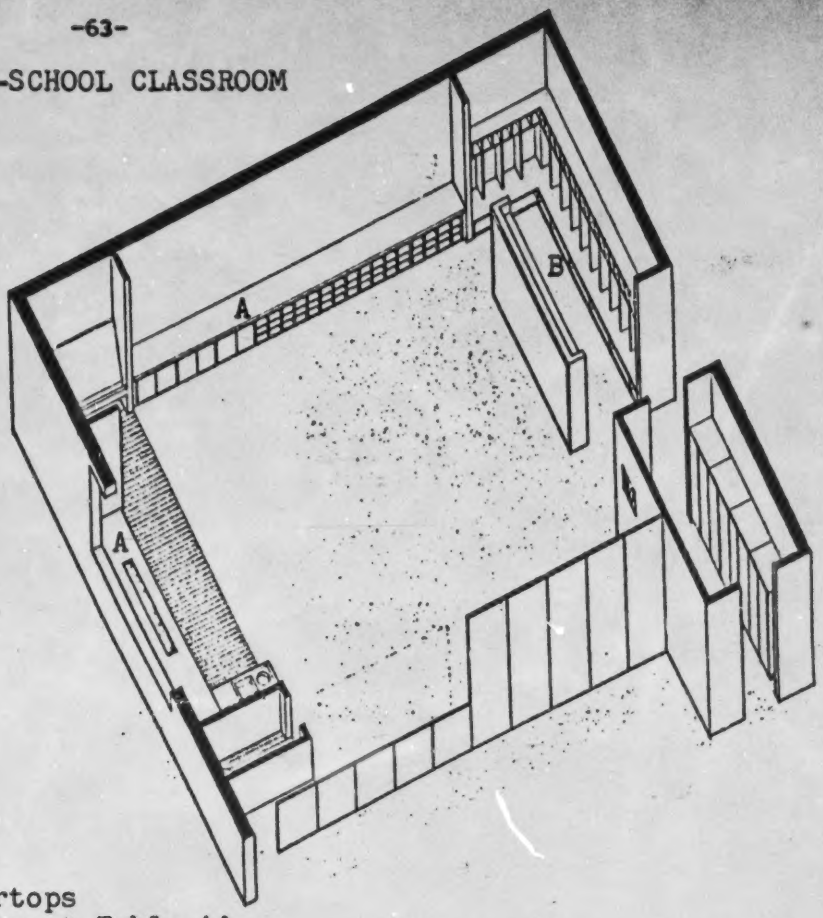
The remaining architectural structures added to the room were designed to solve several space-place problems. The first structure divided the wet play area near the window from the remainder of the classroom. The top of this structure also screens some of the incoming glare and focuses visual attention to child-oriented spaces below. The lowered "ceiling" and raised floor make a small private work area at one end and the whole structure helps divide the classroom into smaller more simply shaped spaces. The reinforced definition of the physical space gives a child more complete, discrete information about where he is.

A platform was built to permit three year old's to use the easels without standing on boxes. A ramp and steps join this space to other areas of the room and provide level changes and alternative means of moving through the room.

The final architectural change was the "arcade" which stretches from the easel area along the entire wall to the "story room". A beam placed along the length of the wall lowered its apparent height from 9 to 6 feet making the space more manageable for a small child. The top of the beam also provides a high place from which to survey the room. Several more child-sized work areas have been incorporated into the support for the beam.

A nearly limitless number of different kinds of places within the classroom have been made possible. Some large architectural elements remain stationary landmarks around which a variety of plywood cubes and boxes, climbing equipment, rope networks, screens, arches, pillow-scrapes and work surfaces are set to accommodate individual and group needs. The children, as well as parents and staff redesign space to expand and extend their play, often several times a day. Observations of both the individual and the group are used to plan the evolving complexity of the classroom and thus foster decision making, problem-solving and self-concept.

INITIAL CHANGES TO PRE-SCHOOL CLASSROOM

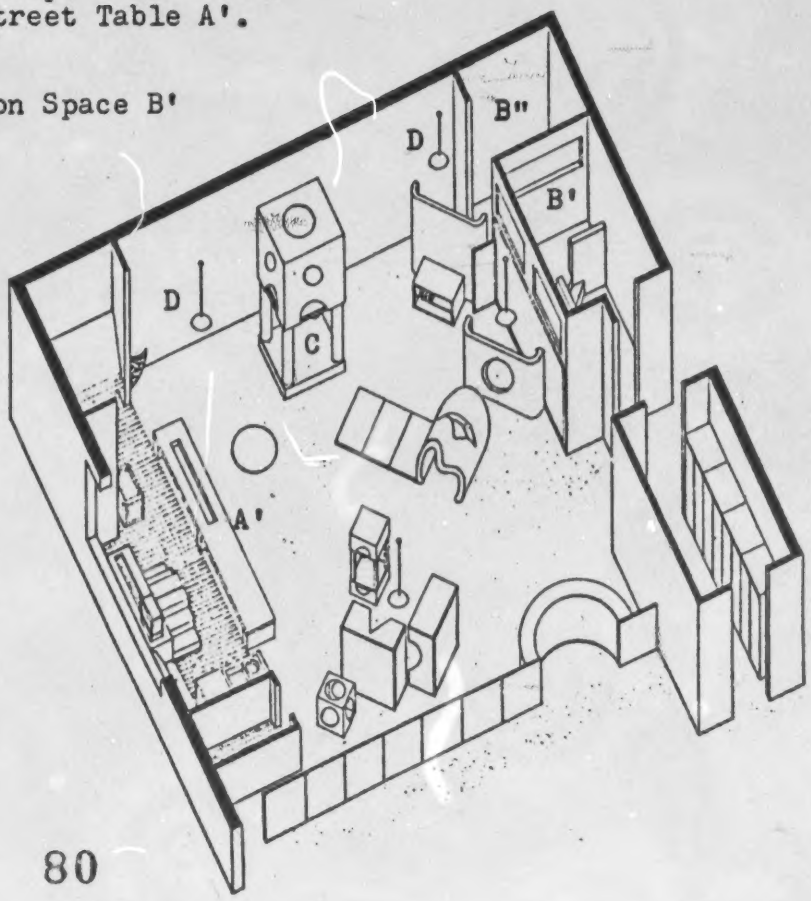


A Cabinets and countertops removed to become Street Table A'.

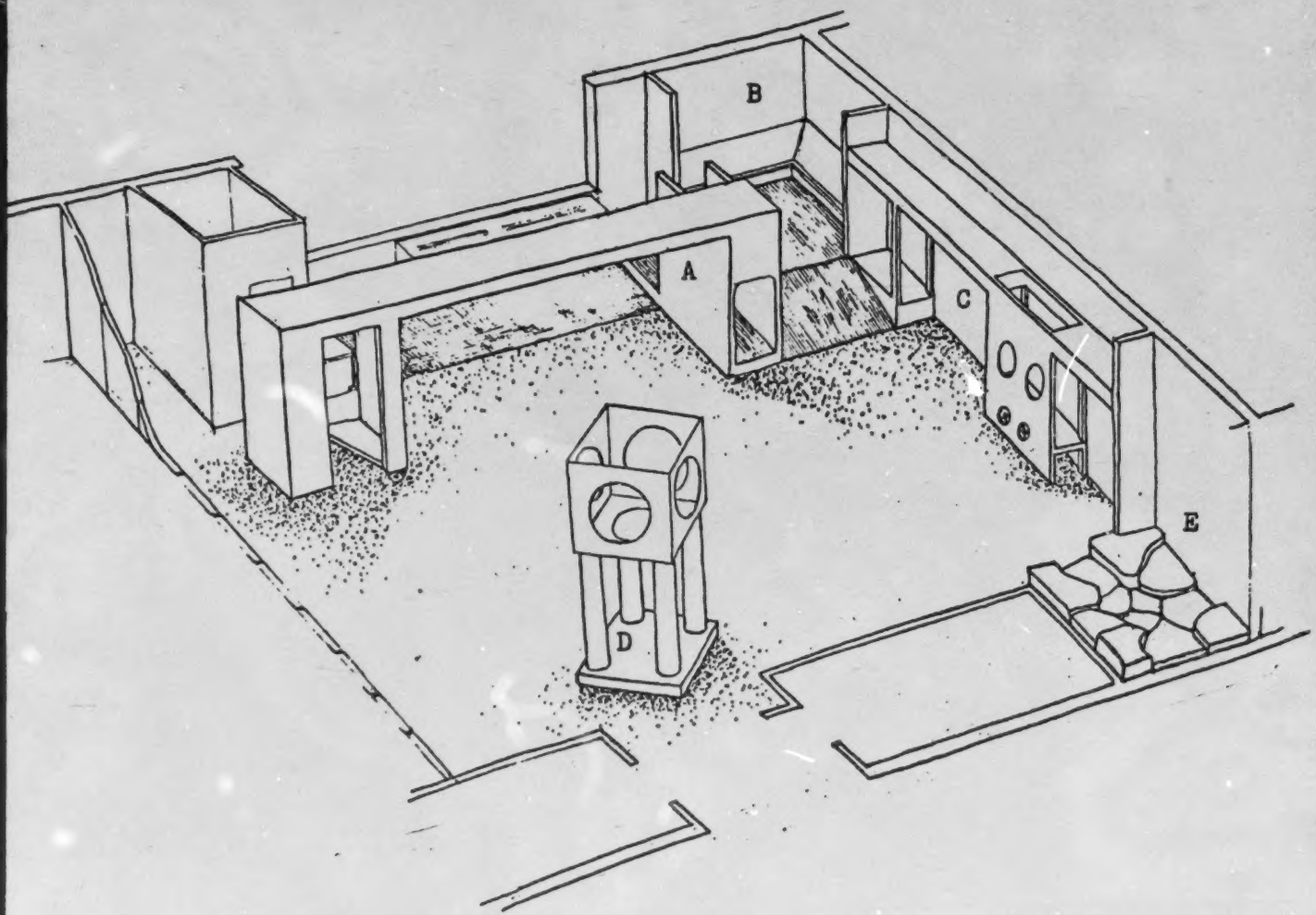
B Cubby area changed to Obsrvation Space B' and QuietRoom B".

C The Temple.

D Pendant lighting.



MAJOR STATIONARY ARCHITECTURAL ELEMENTS
ADDED TO PRE-SCHOOL CLASSROOM



A The first structure. It screens glare from the window and subdivides the room.

B Easel area with platform and ramp.

C Arcade along the wall scales down space.

D Temple moved to the entryway.

E Quiet Room shown here with pillow floor.

EQUIPMENT EVALUATION

The preschool program's equipment concept is to create through need. Each piece of equipment placed and used in the classroom is done so with a preconceived purpose. As well as the specific purpose being met with individual pieces of equipment, each piece is evaluated on its' ability to become an integral part of the classroom milieu.

Some examples of equipment design and evaluation processes are:

Trampoline Climber -

Designed specifically for giving options of total awareness to a child who had no sense of self. J's major activity was jumping, but only when holding onto an adult's hands. A piece of equipment was designed, enabling J to participate in his favorite activity, jumping, independently of another person. The piece of equipment needed to accommode jumping, hand holds and a variety of tactile experiences. A climber was developed in a cylindrical shape and a surrounding net of a variety of rope. Seats were added plus tactile beads and different diameters of rope. The climber is a see through structure with many options of in and outs with a trampoline as a base.

The trampoline climber was integrated into the classroom and evaluated according to its' original purpose. Extensions involving other existing and future pieces of equipment were discussed.

Path Pillow -

Designed for children who are shuffling and need reinforcing tasks to help them put one foot in front of the other.

The density, texture and color are chosen to aid children in becoming conscious of the task of walking, concept of steps, one foot in front of the other. The concept of left and right may be introduced with the color coding of step holes and corresponding color coding of side of mat. A dark surface was chosen so the top surface would not visually confuse and the step holes would be easily identified.

The size and spacing of the foot spaces needed to be determined more precisely.

The path pillow was more useful in the expansion ideas it conjured up than in the use of the original path. Could be seen as a starter project rather than a finished tool.

Tangram Pillows -

A set of pillows was designed two years ago that were meant to be a floor puzzle. A puzzle with pieces that could be used as building blocks separately from their function as puzzle pieces. The pieces were made of upholstered foam making them usuable as pieces of furniture and space makers. The one mistake made on the design of this first puzzle was that it was based on fitting curves together. The curves had no relation to other elements in the room as well as being an overly difficult matching task for 3 and 4 year olds. The use of the pieces as building blocks was the most successful of the tasks. Using the original concept of making

an environmental puzzle that children could build places with, a new set was designed using straight angles. The concept of tangrams was used as a basis for the design. The scale and dimension of the pillows were designed to fit with the existing platform system in the classroom. Colors were selected that were not too bright-- bright colors at this large scale would be too distracting.

The pillows were successfully used to build soft places against and in conjunction with the arcade and other wooden elements, and matching angles and dimensions. The pieces are easy to fit together and children could build places and paths with ease.

Possible extension of the tangram pillows could be using the same concept on a smaller scale using the 44" box top as the puzzle frame.

Foam Stacking Blocks -

An idea that grew out of our experience with using the 4" foam cubes of the cube puzzle for stacking and building, a task they were suited for much more so than their original puzzle purpose. The units for the foam blocks were redesigned to match the units of our system based on an 11" model. A set of five blocks were made ranging from 5½" to 16½". They were all upholstered in the same color fabric.

They worked very well with all sorts of possibilities of matching and stacking. The cubes could be used in conjunction with the large unit blocks. The children responded to the softness and created many uses. Some of the activities centered around the blocks included: tower building, swinging and knocking over tower target, sequencing, fitting into large unit blocks, building in conjunction with small unit blocks.

The block activities could be extended if we had more.

Tower - Room 2

Room 2 was looking very open and non-directive when compared with the break-ups found in Room 1 with the arcade. We felt we needed a large stable element to lower the ceiling, to relate to the floor and other levels to subdivide the space in Room 2. We also needed this element to add climbing and gross motor equipment, a place to get up and out of the mainstream of the classroom. The initial reaction when the tower was installed into Room 2 was negative. It read as being too heavy and tended to block vision and activity rather than stimulate it. Just too overwhelming to go from nothing to such a large element. It didn't invite activity but became a passing through place.

It did provide places to climb, possibilities of mazes, more levels in space, and another place to be. We all felt the original design purpose had too many uses in concept.

The tower has become a much more useful item in Room 2 over its two years of use. It has been moved three times--not an easy task but necessary to achieve the dynamics required in the classroom.

Foam Cylinder -

Working with hyperactive children it was easy to see that there needed to be special places provided for them that would help them to focus. The cylinder was designed to provide a quiet tactile place for a child to be, working a puzzle or reading a book quietly. The children were so responsive to the mobil boundary of the foam cylinder that two children would squeeze inside and enjoy puzzles and books together. The place made by the cylinder is warm, responsive, soft with cut-out openings provided for peepholes to see in and out. The interior of the cylinder is a light color to avoid feeling of claustrophobia.

The cylinder is also used for rolling, tumbling and jumping using all sorts of theories of conceptualization, gross motor tasks and problem solving.

The curvilinear form of the cylinder is rarely found in a classroom and therefore invites children and teachers to be innovative in its use.

LIST OF ALL EQUIPMENT DESIGNED IN THE PRESCHOOL

22" Cube Box Top Puzzle of Foam Pillows With Maps

Activity Cube Slipcover

Puzzle Sequence-Cardboard

Magnet Shapes-Matching Block Shapes

Fabric Walls-Opaque and Translucent

Curve Puzzle Pillows

Climbing System--Ladders-Nets-Hammocks

Rope Tower

Grabfab Matts

Unit Boxes

Wall Arcade - Room 1

Story Room - Room 1 - Characters

Ceiling Puzzle with Rope Ladder - Room 1

Net Extension of Tower - Room 2

Fabric Wall Panels Hung from Ceiling

Spinner Game Boards

Floor Paths

Outdoor Slanted Net - No. 1

Playground Tires

Large Circular Loom

Foam Cube Picture Puzzle

Foam Cube Building Blocks

Large Cardboard Cuisinaire Rod Blocks

Triangular Nets

Hanging Story Props - Windows - Trees

Circular Wooden Puzzle with Screws

Marble Maze

Floor Cart with Rope Pulley

Each piece is evaluated according to:

Design premise

Design - Materials and Dimensions

Initial staff reaction

Classroom response

Activities centering on or relating to equipment

Extensions--concepts and equipment that could be used to expand usefulness

Design evaluation--how form of equipment should be adjusted to better fit initial premise

WORKSHOPS

The focus of workshops has shifted over the last year. Originally they were blocks of time for parents to become oriented to and to participate in building equipment and games used in the classroom. There is still this involvement, but we have found that it is more important to involve parents in workshops that can build confidence in their own abilities as creating people before orienting them toward classroom projects. A confidence building project may be making a simple object for homes, a personal item that will not be placed in a testing situation.

Later in the year parents become participants in building equipment for the classroom, as well as being actively involved in orienting workshops and new classroom equipment.

A list, description and evaluation of the 1975-76 workshops follow:

1. Aprons for children for art and dramatic play: This was successful for individual parents who were able to spend the time because the finished produce was attractive and very useful. However, it was not a good first project because of the time required for satisfactory finishing. Parents have been able to come back to this project later throughout the year.

2. Musical instruments: This was a quick and good project that was process-oriented and did not require creative thinking as there were instructions. Much of the success of this project stemmed from its musical aspect. Mothers enjoyed singing old songs using the newly made instruments.

3. Finishing wooden boxes: This project was successful in making parents feel that they were helpful because they were working on equipment that was used in the classroom.

4. Tote bags: This was a most successful project. When help was provided, parents could complete the bags quickly and the bags were very useful. Many parents used this idea for Christmas presents. The project continued throughout the year.

5. Materials for specific classroom projects: In some workshops parents worked on equipment to be used for specific classroom activities. Some of these projects included making fishing poles and the application of blackboard paint to the backs of mirrors.

6. Target games: This project helped involve parents in the planning and processing of materials used in the classroom. Many new ideas, as well as products resulted. These small scale projects were successful because they provided fast input and continuity for the parents.

7. Ladders: This project was successful for parents because they could make materials that could be used in their homes, as an extension of preschool concepts. Moreover, the ladders were simple and easily made so all parents could successfully complete them.

8. Large nets for Room 2: This proved to be a good project for promoting co-operation among mothers. Because of the scale and complexity of the project, it provided great rewards in the form of pride and feelings of accomplishment. This project inspired some parents to make larger products for their homes and yards.

9. Products for home use - ladders, nets and mats: This project was rewarding for individual parents, but it did not promote as much interaction among the parents as many other projects did.

10. Blocks: This curriculum workshop was done late in the year and was long overdue. It could be a good first-of-year project that might even be done twice in one year because it relates to many aspects of the preschool. This workshop showed mothers how many of the curriculum materials, all blocks and block-related objects, had been designed and selected for use in the classroom. It gave parents an opportunity to experiment with materials their children use daily.

11. Clay: Parents were surprisingly unfamiliar with clay, but such pliable media are important for discovering creative learnings. This workshop led to meaningful discussions about creativity and its place in society. The materials given to parents related to this workshop are in the Appendix.

12. Christmas projects: Several workshops focused on the creation of gifts for both adults and children. However, these items could be used throughout the year and each could be an individual workshop project:

    a. Trivet: This proved to be the most successful project of the year. It is quick, success is guaranteed and the product is useful and attractive.

       Success with this project gave confidence to many unsure mothers and enabled them to move on to larger projects. The trivet project demonstrated how personal projects help maintain mothers' interest in workshop activities.

    b. Baker's Clay: This project is similar to the trivet in that it guarantees success and the product is useful and attractive. Mothers were pleased to make items that they knew were expensive to purchase.

    c. Sock dolls: Although the children enjoyed the products of this workshop, the process proved to be too tedious for mothers.

    d. Sewing cards: This project was successful because it was so quick that the products could be used that same day in the classroom.

Clay Workshop for Parents

The discussion centered around creativity. The staff raised the following questions for parents to respond to:

1. What does creativity mean?
2. Does creativity fit in to our daily lives?

The discussion centered around the following:

1. Creativity means an understanding of self first and once there is some recognition and understanding of who you are you begin to develop cofidence. This confidence leads to trying different things. It allows you and motivates you to experience "life". Individuals are able to make their own decisions in terms of how they want to approach an experience, follow it through to its conclusion. There is, therefore, some definition from start to finish which gives the person self-satisfaction. What is limiting to the individual and contributes to lack of self-confidence is worrying about what other people think and/or what do people expect of me.

2. The discussion focused awhile on the role of the female and how there is a certain sterotype of what the woman's role is or should be. In discussing the stereotype, parents felt that there was no encouragement for individuality or creativity. Models are important and women have few.

3. Another question was raised. How do we encourage creativity? Mothers felt that experience was the best teacher, that values can either prohibit the spirit or promote it. When do you decide an experience is not a creative experience? Creativity is an approach to life. Creativity needs to become a part of a wholistic approach. The initial creative process may begin as very abstract but it is important to bring an experience full circle--back to the concrete. When does one decide that an experience is not a creative experience and when does one bring the individual back to reality? For example: If you plan for your child to play in an experimental way with water and soap and he becomes so involved with the creative play experience that the water and soap begin to spill on the floor, going beyond the boundaries of the play, disrupting the organization of the house, it then becomes time to bring the play back to reality by providing some structure.

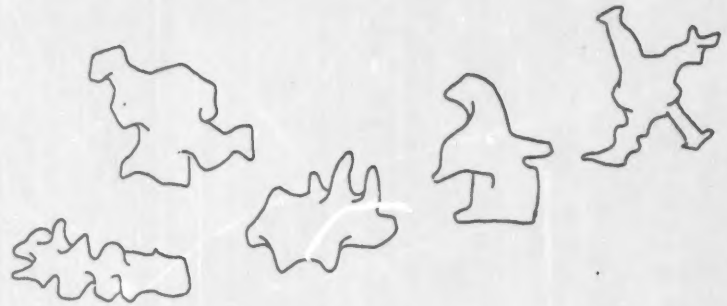
4. The last and very important point that was made in this discussion was the fact that we need to understand that in order to try new things, we need to be allowed to fail because it is only through failure that we can really grow.

Play with Clay

Sometimes ideas are born by just taking any size lump of clay—a size that will fit into your hands—rolling it around in your hands, on the table, squeezing it, shaping the lump in any way that you imagine, each time observing what kind of form emerges, what kind of feeling this form evokes in you, what it seems to be saying.

Try this:

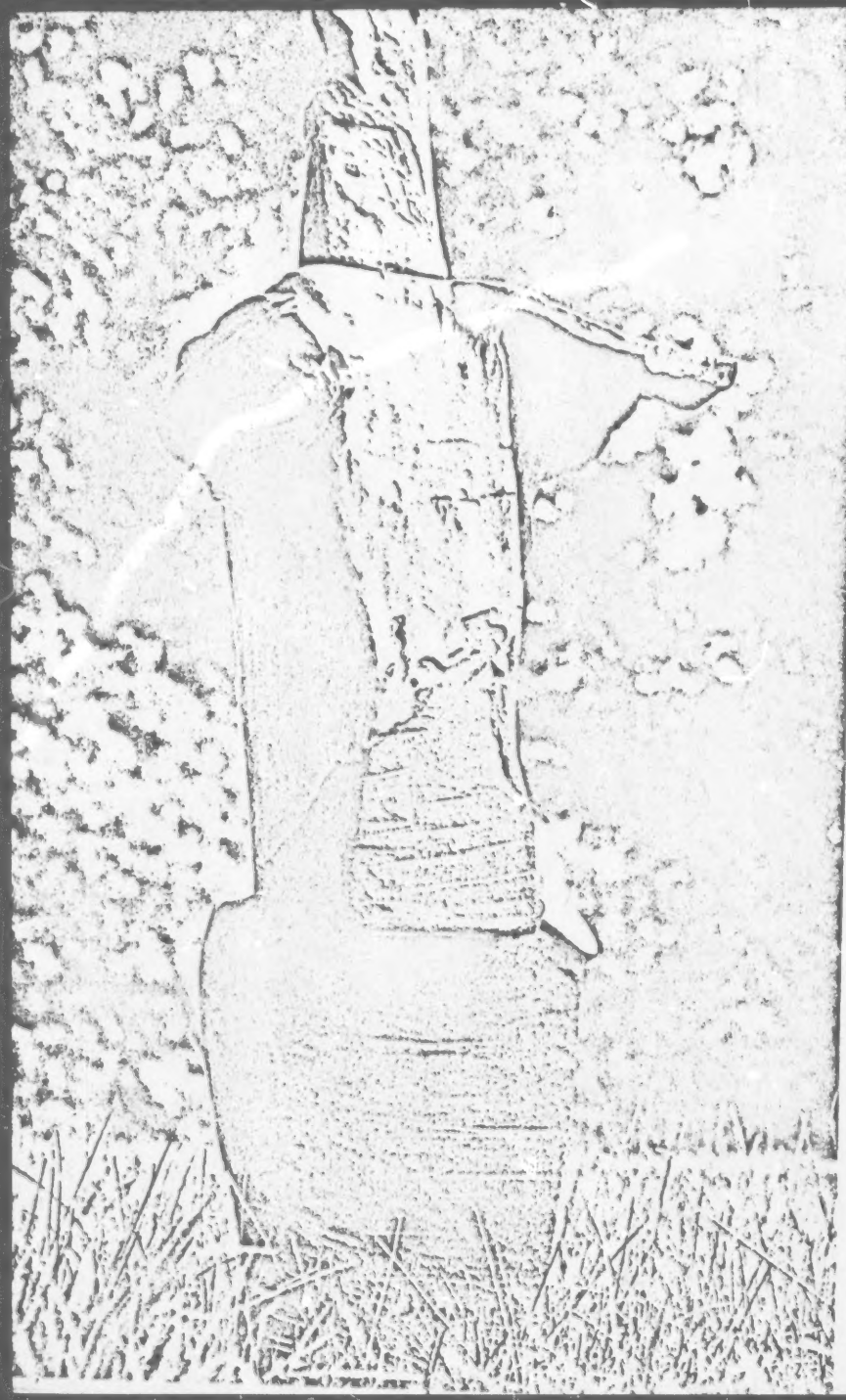
Take a lump of clay that feels comfortable in your hands. Start by very gently squeezing it as though you want to pull forms out of it. Then close your eyes, still playing with the lump, doing to it whatever comes into your head. Put that lump aside and do the same with another lump. Do this with about five lumps, each time working faster and faster. Now, look at your forms, even draw them—or only the parts of them that may please you. Observe them for their moods, their gestures. What are their moods? Somber, happy, funny, menacing, overbearing, light, heavy? This is their atmosphere. What are their gestures? Are they dancing, bowing, laughing, leaping, sprawling, balleting, squatting? This is their feeling, the motion you have given them.



This is the kind of exercise you can do over and over again, and as you get deeper into pottery-making, you will find it an ever more meaningful activity. It shows you what forms are appealing to you, what stays with you. It reveals to you where you are at the time you are doing it. The shapes change either radically or ever so slightly as you change and grow.

Playing with the clay in this manner is something I have never stopped doing. It shows me what forms and gestures I'm responding to and it opens the way to finding an expression that may be new to me. Often I will fire one of the forms that especially speaks to me and keep it lying around my studio for weeks and months before I go back to it and maybe develop the idea further.

This little sculpture seemed to form itself one day as I was working on a large handbuilt pot. There were pieces of clay on the table near my work, and I started spontaneously to play with them. Two little bits of clay looked to me as though they were made for each other. I played with them, sticking them together and pulling little forms out of them. I glazed and fired the piece and let it sit on a shelf for many months before I went



back to it. Finally, after trying to build it in different proportions and sizes, I simply blew it up almost a hundred times its original size, ending up with a three-foot sculpture.

Keep on Playing

Inspiration can come from anywhere. When you embark on a life of pottery-making, you enter the world of form. Suddenly you realize that everything you touch, let alone see, has a form. Most of these things are not even pots. Some are beautiful, and some are ugly. They interact with other objects, with you, with the space they are in. They displace space. We are surrounded by many forms that please the eye—some of the architecture around us, sculptures, pottery and china, even industrial forms, machines and machine parts and, of course, forms in nature.

Open your eyes to all the forms surrounding you.

Look up from this page, sit back, take a deep breath, and very slowly start to look at what is around you. At first, observe each thing by itself. Forget what its function is and concentrate on its form, texture, color. Think that you are touching it, running your finger all around it, drawing it. Go to the next thing and do the same. Now go back and start to look at large groups of things, like a group of plants on the mantel and near the fireplace or a cluster of furniture. Take in the view without hurrying, concentrating on the group as a whole. Notice the spaces between things, imagining that these spaces are solid, too. Start to get a feeling about the spaces—are

G. Additional Indications of Program Success:

1. Consultation Center

2. Home Visits

CONSULTATION CENTER

The Consultation Center was set up because program parents felt that their neighbors needed an opportunity to obtain help or ask questions about their own children. The Parents' original suggestion of a "hot line" was modified into a "drop-in" or Consultation Center. The Consultation Center has become a place where parents and teachers of preschool and primary grade children can come to obtain an assessment of their children's behavior and development. In its current form one day a week is set aside for anyone in the community (private schools as well) to make an appointment and bring the child in for an assessment. This year we have seen well over fifty children and their parents in the Consultation Center. Some of these children have come back on a regular basis for further assessment and recommendations. If a child needed to be seen periodically, appointments were set up with the parent for both home and school visitations. Some of these children have been coming back to the Consultation Center three and four times during the course of the year. In cases where a child's developmental lags indicated that he needed an ongoing program, recommendations were made to the parent that he be enrolled in the ongoing Early Intervention Program. When specific recommendations were made, we informed the parents that we had materials and equipment they could borrow from the Lending Library to enable them to follow through on recommended activities at home. In addition, this year a child from the Waterbury Regional Center has been coming on a weekly basis to use the facilities. His teacher has received input and some suggestions from the team here at Highland, in terms of educational strategies and techniques.

When children have been referred within the school system, all professional staff, as well as the parent have been involved in the observations and work-up of that specific child. The team has consisted of not only the parent and the Consultation Center staff but also the child's teacher, principal, aide, developmental examiner and social worker.

One area in which we plan to concentrate in the future is the development of standardized observation system. The classroom environment serves us as an evaluation instrument. We plan to analyze the specific equipment, materials and tasks that should be present for all children and hopefully develop the physical environment into a systematic instrument for observations.

Another future goal is the development of a standardized reporting system which we can use to communicate our observations to parents, teachers and other concerned personnel. Such a reporting system might include the areas of gross and fine motor skills, language production, general learning skills, visual and auditory systems and emotional development.

In addition, in the future we hope to improve our efforts in following up the children we have seen. We would like to see if recommendations are being implemented and whether our suggestions have been of help to the parents. A follow-up system would enable us to be aware of the growth and development of the children we have seen.

HOME VISITS

In the fall the preschool teachers visited the homes of all incoming children. The rationale for "beginning school in the children's homes" was to establish a bridge between home and school.

Another means of bridging home and school was creating a home-like environment in the classroom. Changes have included altering the lighting system, introducing soft elements such as foam pillows and mats and scaling the room for the young child.

In addition, the staff recognized that the needs of particular children could be met at home as well as at school and continuity between the two environments could be increased if specific homes were visited on an ongoing basis and suggestions were made for modifying the home environments. At first the staff waited for parents to indicate their desire for a home visit. However, when this did not occur, the staff members took the initiative and suggested that home visits be made. This year the teacher director and architect consultant to the preschool program have gone into the homes of some of the children whom the preschool staff felt could benefit from more follow through at home.

Over the course of the 1975-76 year, several homes were visited by the teacher and architect who made suggestions for modifying the home environments. In addition, equipment was lent to some families for use in the homes. Informal assessments were made to determine if parents had followed the suggestions and/or used the equipment and to determine if there had been any effects on child behavior. The feedback from this informal process was generally favorable. In the future the home visitation program will be developed into a formal component of the Cheshire Preschool Program.

SECTION V

ANALYSIS and CONCLUSIONS

Over the four years of funding this project has had direct positive effect upon more than 60 preschool children, their mothers and their families and indirect effects upon many other children as well as the Cheshire school system itself. The present evaluation report has presented some of the details of these changes and effects. This section will briefly summarize some of the main indicators of program success and make suggestions for future aspects of the program's continued development.

The Children

The Cheshire preschool intervention program began by working with both severely handicapped (outside diagnosis of autism, serious emotional disturbance, speech disturbance, medical problems, etc.) and mildly disabled or potentially disabled four year old children and their mothers. Over the course of four years the program has maintained the approach of working with children who have a variety of problems. The program continues to include mothers as an essential part of the program (to be developed more fully below) and has extended the age of the children to include both younger and older children. Three year old children are central to the program as it is now run, a program for two year old children is currently in the planning stage and younger and older children have been seen in the Consultation Center. It is important to note that the children who are involved in the program have many different kinds of problems. Also the problems vary in degree of severity. This project has been successful in developing a program which allows for individualization to meet diverse needs. Thus, the Cheshire preschool program is a living demonstration that school systems do not need to set up multiple programs which focus only on specific handicaps or diagnostic categories.

The diversity of the characteristics of the children included in this program makes the measurement of program effectiveness a task which cannot be accomplished by simple individual test information. Some of the children, by standardized intellectual testing, function in the mentally retarded range while others test in the gifted range. Some children relate so poorly to adults that they are essentially untestable; some cannot sit still long enough to be tested; some have speech and language problems which make understanding them extremely difficult; and some of the children can carry on an adult like conversation and/or read at an advance level but cannot relate to peers or play like a young child. Thus, the evaluation of program effectiveness has had to involve several types of data collection procedures (formal testing, teacher observation and report and parent report) and has evolved along the line of individual case studies.

From the formal and informal data which has been collected on the program graduates and those children currently enrolled, the program appears to have had dramatic positive impact. This year scores on standardized tests, teachers' observations and ratings and parents' perceptions all indicate that the children in the program have made great gains. All the children who have been involved in the program in the past are within the mainstream of the elementary school, even though some of the initially

looked like prime candidates for outside or institutional placement. The mothers and receiving teachers report that the graduates are academically and socially making good progress. Some of the graduates are receiving supportive services, such as tutoring or speech therapy; but their progress has generally been in positive terms.

The Mothers

The data collected from the mothers, both formally by interviews and questionnaires and informally by observation and group discussion, enable one to understand how this program works. Mothers begin the program in a state of turmoil, frustration and profound concern. Some feel that they have failed as mothers. Almost without exception the mothers, over the course of their involvement with the program, have come to feel better about themselves and their children. This new attitude is the result of increased understanding and acceptance of their children and their children's problems and learning effective ways of working with and for their children. Moreover, this change occurs in different ways for different mothers. Some of the characteristics of the Cheshire Preschool Program which allow a mother to develop a new awareness of herself and her child have been determined from interviews and questionnaires.

1. Mothers are actively involved in the classroom situation with their children, the teaching staff and the other mothers and children. In the classroom the mothers learn from direct observation of how other adults relate to their own children and other children.

2. Mothers have the opportunity to gain a degree of psychological distance from their children and thus are able to see their children's behavior in new ways. This psychological distance results from having the opportunity from time to time to stand back while the teachers and other mothers work with their children; from observation of their children through a one-way vision mirror (often with the interpretive aid of a staff person); from listening to other mothers react to the behavior of the children; from listening to different types of expert consultants comment on the children's behavior; and from watching video tape feedback of themselves and their children.

3. Mothers receive support and encouragement from other mothers. Mothers realize they are not alone with their problems. The other mothers give help and they in turn are able to help still other mothers.

4. The program provides the mothers with several different opportunities to engage in activities which do not always focus on themselves or the problems of their children. The mother thus has an opportunity to become less defensive, to socialize with other adults and to experience success in nonthreatening situations.

5. Mothers, because they are included in the decision making process of the program and specifically with respect to their own children, come to appreciate their importance and worth as mothers. The professionals in this program do not create psychological distance or present themselves as experts with all the answers. The mothers' increased feelings of importance and worth carry over to other aspects of their relationship with their children outside the school setting.

From the information collected from these mothers it is hard to imagine how a program for preschool children with potential handicapping conditions can be run without the systematic and intense involvement of mothers. It is highly probable that the strength of this program is primarily due to the provisions made for the mothers and their major role in the program.

It should be noted that it is a requirement of this program that the mothers attend the program with their children. Therefore, these mothers are self selected and highly motivated for the program. Whether an approach like this one would work with mothers who are not self selected, cannot yet be determined.

The Curriculum

The planning for each individual child and mother involves the preschool staff's understanding of developmental principles and their skill modifying the physical environment and presenting tasks in order to allow the child and/or the child and the mother to experience success. Of course not all attempts to provide tasks or changes in the environment work on the first try, nor will the same approach work for all children who appear to have similar problems. Over the years of the program, the staff members have developed many innovative ways of providing children with opportunities to continue and extend their development along normal lines. Some of these approaches have been formally described in the written materials produced by the program staff, yet many similar curriculum material and ideas remain unformalized. Although the staff members have developed and described some specific pieces of equipment and curriculum units or ideas, the process involved in the curriculum is the real key to its success not the specific products. This process involves: detailed observation and and analysis of the child's behavior, identification of a child's strengths and weaknesses, design of tasks and materials to allow the child to develop needed skills, involvement of the mother; involvement of consultants, trying out suggestions with the child, processing the feedback from such tries, and continuing the process again. While the staff of the program can identify the types of approaches that were successful with a particular child, it is the process by which the staff works and not the particular tasks, materials, or equipment, which is the reason for the program's success.

The Consultants

Cheshire's preschool program over the years has worked with several consultants. Among these have been a developmental optometrist, an architect, a psychiatrist, architectural design specialist and evaluation consultant. Each of these professionals has had input to the program. The staff of the program has developed relationships with these professionals in which they and the consultants participate in a

reciprocal dialogue concerning child and program problems. The program has found consultants who are flexible enough to listen and to change themselves, and the program staff has continued to expose itself to the stimulation and challenge which these consultants provide. With the help of the consultants, an air of excitement, new discovery and change continues to be generated by the project staff.

The School System and Community

The Cheshire preschool program has had an impact upon the Cheshire school system and the community. The preschool program will continue into the forseeable future with local funds. The preschool parents have attended school board meetings to fight for the continuance of the program. Other school system teachers of young children have made referrals of children in need and worked with the staff to develop better understanding and plans for the children. Private nursery school teachers have made similar referrals and have also become involved with the staff. At the request of community mothers who had concerns about their young children, the program has developed an active consultation center which is held one and sometimes two, mornings a week. The consultation center is a place where mothers in the community can bring their young children to be worked with and observed by the staff. The mother then participates in the feedback and planning process. This activity will be expanded next year.

Along similar lines, is the impact the program has had on visitors. Word has gotten out around the state and country of this program and it has attracted many visitors. Each seems to be impressed by some aspect of the program and leaves with the intention of implementing some aspect in his or her own setting. One school system in the state is currently running a preschool program based on many aspects of the Cheshire program.

Aspects of the Program for Future Development

1. Father Component. Formal and informal feedback from the mothers indicates the need for more systematic planning for the involvement of fathers. Plans are currently being developed to address this issue.

2. Curriculum Formal and informal feedback from mothers and teachers indicates the need to reexamine the curriculum in terms stimulating both fine motor and complex gross motor abilities, to focus more attention on the development of tasks and materials to strengthen the curriculum in these areas.

3. Dissemination There is a need to communicate the "nuts and bolts" of this program to other professionals. A curriculum type publication is currently being developed and there are plans for other technical reports.

4. Evaluation While progress has been made on the development of more formal evaluation and record keeping systems, these gains need to be consolidated and extended. Particularly, more work is needed to develop the case study nature of the evaluation further. The case study approach will become a strong aspect of the evaluation because it

4. Evaluation(cont.)

is consistent with the individual child focus of the whole program.

5. Mother Groups The staff members have indicated that they need help in working with particular mothers within the small group structure. Some mothers seem to be very dominant while others very passive. Next year efforts will be made to provide the staff with more small group skills.

6. School System Specialists While the program has been successful in working with specialists within the school (e.g. speech therapist, school psychologist, social worker, nurse), more mutual help is possible. Efforts will be made during the coming year to develop more systematical working relationships with a broad range of school system personnel.

7. Medical component Program mothers and staff continue to express a need for more detailed medical information. While this continues to be a difficult component to develop, efforts are being made to locate a developmentally oriented pediatrician for consultation.

8. Home Visits Preliminary home visits this past year have shown the staff that modifications of some children's home environments might have beneficial effects on the children's development. This component will be developed and evaluated over the next year.

9. Consultation Center The services of consultation center has received great demand from the community over the last year. Procedures for assessment, feedback and follow through, also evaluation will be developed next year.

This evaluation has examined many of the components of the Cheshire Preschool Program and has considered many indicators of program effectiveness. It is our feeling that the project has demonstrated that early intervention with preschool children who have problems of many different types and severity can be successful within an elementary school setting. We feel our success can be attributed to our staff's willingness and ability to work jointly with mothers to enhance the development of their children. While at times the work is hard and the hours long, the changes which are seen in the children and the mothers are rewarding and encourage our further efforts. Each new child and mother who contacts the program presents us with different and challenging problems. There is more about these young children and mothers to be learned. It is in this spirit that the program continues for others to see.

APPENDIX

Appendix A-1

Classroom Observation Schedule

Child: Date:

The intent of this instrument is to gather semi-objective summary, current status and progress information on each child at three time points: beginning of year, middle of year and end of year. It is suggested that the whole teaching team and not just the teacher be involved in filling out these reports.

I. Gross Motor Skills

Make judgements of the child with respect to the specific skills such as walking, running, jumping, climbing, catching, hopping, kicking, throwing, etc. and the general characteristics of motor behavior such as balance and coordination.

Also include in this section your observations concerning the child's sense of body as it is moved through space.

A. Describe significant changes which have been observed since the last observation. (It is suggested that the last observation be read.)

B. Describe current status. Be as specific as possible about the nature of the developmental lags and/or problems. If this area does not present many problems with respect to the child, a statement to that effect is sufficient.

II. Fine Motor Skills

Focus on skills such as: manipulation of small objects, stacking, stringing, placement of objects in holes, manipulation of writing instruments, drawing, painting, pouring, cutting, putting together, taking apart, printing, coloring, use of implements, etc. Again, the main task is to make judgements with respect to the age appropriateness of performance.

A. Describe significant changes since last observation.

B. Describe present status.

III. Language

Observations in this area are more complex. Judgements are to be made with reference to both competence (ability to understand and produce language) and performance (the use of the competencies.)

Comprehension-reception

The concern is with the child's ability to understand the spoken word and his ability and willingness to follow directions. Does the child seem to understand the spoken word at an age appropriate level? Does the child follow directions in an age appropriate way?

A. Describe significant changes since last observation.

B. Describe current status.

Language Production -- Make comments on:

1. When the child speaks is the level of the speech in terms of types of words used, length of utterances, complexity of utterances, etc. age appropriate?

2. Spontaneous use of speech?

3. Speech to parents, adults, peers?

4. Stuttering and/or problems in the production of speech sounds?

A. Describe significant changes since last observation.

B. Describe current status.

Iv. General Learning Skills

Focus on those skills which are necessary for school learning: attention and concentration, ability to select task to play with, distractibility, memory, ability to complete activity, interest and willingness to try new activities, ability to work in same area with other children, etc. Also comment on problem solving ability.

A. Describe significant changes since last observation.

B. Describe current status.

V. Auditory and Visual System

Describe the nature of the child's visual and auditory perceptual system. Include here any other significant "physical" problems.

A. Describe significant changes since last observation.

B. Describe current status.

VI. Personality

It is somewhat artificial to break apart personality and social behavior. Include here observation of the child with respect to some of the following categories: anxiety, fearfulness, withdrawal, hyperactivity, impulse control, temper tantrums, crying, trusting-distrusting, ability to risk failure, autonomy, initiative, tolerance of frustration, persistence, expression of pleasure, use of play space, rebelliousness-compliance, sense of self, feelings about self, etc.

(Note that many of these behaviors may be commented upon in other sections. Also, several of these behaviors are those which often are relevant for a person's self-concept.)

A. Describe significant changes since last observation.

B. Describe current status.

VII. Social Behavior

With peers -- Focus on the willingness and ability to interact with other children. Where relevant comment on the ability to share and take turns, aggression against other children, withdrawal from other children, ability to stand up for self, etc.

A. Describe significant changes since last observation.

B. Describe current status.

With adults -- Focus on the child in respect to such things as dependence-independence with respect to adults, use of adults as information sources, sharing experiences and products with adults, differential behavior with men and women and general characteristics with respect to interaction with adults.

A. Describe significant changes since last observation.

B. Describe current status.

VII. Social Behavior (cont.)

With parents--Focus on specific aspects of child's relationship with parents. (Note behaviors listed above.)

A. Describe significant changes since last observation.

B. Describe current status.

VIII. Conceptual Development

This is a difficult area in which to make judgements and in which to list observable behaviors. Some suggestions follow.

General cognitive characteristics -- Does the child show an active interest in the things around him/her: exploring, asking questions, trying things out? Does child profit from experience? Does child's behavior show planning?

More specific characteristics -- Is the child showing age appropriate behavior with respect to:

Use of symbols and representations
Types of concepts used such as grouping objects in terms of similarities, color, shape, names, etc.
Quantitative concepts such as some, more, less and simple numbers
Knowledge of prepositions such as on, in, under, beside, near and far
Knowledge of functions of objects
Talking of and responding to things in terms of relationships such as bigger, taller, shortest, lightest, etc.

A. Describe significant changes since last observation.

B. Describe current status.

Appendix B-1

Ratings Based on Classroom Observation Schedule

Child: Date:

Teacher:

Please rate the current status of this child in the following areas, as compared to other children his/her age.

	No problem						Serious problem
1. Gross Motor Skills	1	2	3	4	5	6	7
2. Fine Motor Skills	1	2	3	4	5	6	7
3, Language							
Amount	1	2	3	4	5	6	7
Clarity	1	2	3	4	5	6	7
Complexity	1	2	3	4	5	6	7
Comprehension & Reception	1	2	3	4	5	6	7
4. General Learning Skills	1	2	3	4	5	6	7
5. Personality	1	2	3	4	5	6	7
6. Social Behavior							
With peers	1	2	3	4	5	6	7
With adults	1	2	3	4	5	6	7
7. Conceptual Development	1	2	3	4	5	6	7
8. Physical Problems							
Visual	1	2	3	4	5	6	7
Auditory	1	2	3	4	5	6	7
Physical disabilities	1	2	3	4	5	6	7

Appendix C- 1

Revised 4/76

Name _____ Date _____

Preschool Parent Questionnaire

I. Compared with other children of about the same age, how would you rate the following behaviors and abilities of your child?

	Poorer Than	About the Same	Better Than
1. Clarity of speech	_____	_____	_____
2. Amount of speech	_____	_____	_____
3. Ability to understand other people's speech	_____	_____	_____
4. Ability to follow verbal directions	_____	_____	_____
5. Complexity of speech	_____	_____	_____
6. Vision	_____	_____	_____
7. Hearing	_____	_____	_____
8. Drawing ability	_____	_____	_____
9. Use of pencils and crayons	_____	_____	_____
10. Coordination	_____	_____	_____
11. Balance	_____	_____	_____
12. Walking ability	_____	_____	_____
13. Running ability	_____	_____	_____
14. Climbing ability	_____	_____	_____
15. Throwing ability	_____	_____	_____
16. Catching ability	_____	_____	_____
17. Eating habits	_____	_____	_____
18. Sleeping habits	_____	_____	_____
19. General health	_____	_____	_____
20. Ability to make friends	_____	_____	_____
21. Ability to get along with other children	_____	_____	_____

I. Compared with other children of about the same age, how would you rate the following behaviors and abilities of your child? (cont.)

	Poorer Than	About the Same	Better Than
22. Ability to get along with brothers and sisters	_____	_____	_____
23. Ability to play cooperatively with others	_____	_____	_____
24. Ability to take turns and share with other children	_____	_____	_____
25. Ability to be liked by other children	_____	_____	_____
26. Ability to relate to familiar adults	_____	_____	_____
27. Ability to relate to unfamiliar adults	_____	_____	_____
28. Ability to concentrate	_____	_____	_____
29. Ability to persist after initial failure	_____	_____	_____
30. Ability to plan ahead	_____	_____	_____

Go back over the list of behaviors and abilities and put a star (*) beside those for which you have seen dramatic positive changes over the last six months. By dramatic it is meant that you have observed more than would be expected with normal development; or more than you would have expected.

II. Compared with other children of about the same age, do you think your child shows more or less of the following behaviors?

	Less	Equal	More
1. Crying	____	_____	_____
2. Mature behavior	____	_____	_____
3. Immature behavior	____	_____	_____
4. Temper tantrums	____	_____	_____
5. Question asking	____	_____	_____
6. Afraid of things	____	_____	_____

II. Compared with other children of about the same age, do you think your child shows more or less of the following behaviors? (cont.)

	Less	Equal	More
7. Activity level	____	____	____
8. General happiness	____	____	____
9. Self-assurance	____	____	____
10. Destructiveness	____	____	____
11. Assertiveness	____	____	____
12. Television watching	____	____	____
13. Withdrawal from people	____	____	____
14. Negativism	____	____	____
15. Restlessness	____	____	____
16. Fighting	____	____	____
17. Worrying	____	____	____
18. Irritability	____	____	____
19. Moodiness	____	____	____
20. Consideration for others	____	____	____
21. Fussiness	____	____	____

Go back over the list of behaviors and abilities and put a star (*) beside those for which you have seen dramatic positive changes over the last six months. By "dramatic" it is meant that you have observed more than would be expected with normal development; or more than you would have expected.

III. Feelings and attitudes about your child.

1. How often in the last month have you had fun playing with your child?

seldom occasionally sometimes frequently most of the time

2. How often do you worry about what relatives and other adults think about your child?

seldom occasionally sometimes frequently most of the time

3. How often do you and your husband/wife agree about the kinds of problems your child has?

seldom occasionally sometimes frequently most of the time

4. How often have you felt embarrassed by your child?

seldom occasionally sometimes frequently most of the time

5. How often in the last month have you become angry with you child?

seldom occasionally sometimes frequently most of the time

7. How often in the last month have you felt yourself losing control with your child?

seldom occasionally sometimes frequently most of the time

8. How often are you and your husband/wife in agreement about how to raise your child?

seldom occasionally sometimes frequently most of the time

10. How worried about the future development of your child have you been?

not at all little somewhat quite very much

11. How well do you feel you understand your child?

not at all little somewhat quite very much

12. How well do you feel your husband/wife understands your child?

not at all little somewhat quite very much

13. How helpful have you found professionals in your understanding of your child?

not at all little somewhat quite very much

III. Feelings and attitudes about your child. (Cont.)

14. How successful have you been in meeting your child's needs during the last month?

not at all little somewhat quite very much

15. How confident are you in your ability to give your child what he or she needs?

not at all little somewhat quite very much

16. How confident are you in your ability to meet your child's future needs?

not at all little somewhat quite very much

17. When you think of your child's future, how confident are you that things will turn out well?

not at all little somewhat quite very much

18. How often do you think handicapped children should be included with non-handicapped children in the school setting?

eldom occasionally sometimes frequently most of the time

19. Do you think handicapped children can have a negative influence or your child's behavior?

not at all little somewhat quite very much

20. How often does your child use furniture, pillows and other household items in his/her play?

seldom occasionally sometimes frequently most of the time

21. How often do you think children should be able to use all parts of the house for their play?

seldom occasionally sometimes frequently most of the time

22. Do you think that children have to be made to learn?

not at all little somewhat quite very much

23. Do you think that you can do things to improve the schools?

not at all little somewhat quite very much

24. Do you think schools would be better if parents had more control over them?

not at all little somewhat quite very much

III. Feelings and attitudes about your child. (cont.)

25. How certain are you about the educational needs of your child?

not at all little somewhat quite very much

26. How willing are you to become actively involved with what goes on in your child's school?

not at all little somewhat quite very much

27. How much effect do you feel you can have in shaping what your child's educational experience will be?

not at all little somewhat quite very much

28. How willing are you to fight for the kind of educational program your child needs?

not at all little somewhat quite very much

29. How important do you think it is for a child's room to be arranged with the child's learning in mind?

not at all little somewhat quite very much

30. How necessary do you think it is for a home to be arranged to foster a child's learning?

not at all little somewhat quite very much

31. To what degree do you think the preschool experience has affected your child?

not at all little somewhat quite very much

32. To what degree has your child's preschool experience affected you?

not at all little somewhat quite very much

33. To what degree has your child's preschool experience affected your husband/wife?

not at all little somewhat quite very much

34. To what degree have you been surprised with your child's growth this year?

not at all little somewhat quite very much

35. How much have you as a person changed for the better in the last six months?

not at all little somewhat quite very much

Appendix D-1

Follow-up of Preschool Graduates

Teacher _____

Child _____

Date _____

How is he/she doing? What kind of progress has he made this year relative to his classmates? Social adjustments?

Have you made any special provisions for him/her in the classroom?

Has there been, or will there be by the end of the year, any standardized testing of the child?

Appendix E-1

Name _____

Specific Questions for Interview with Parents
of Preschool Graduates

I. Past History

A. Lead Question: What was your child like when you brought him/her to the program, contrasted with his/her behavior now?

1. What about birth history, behavior in infancy, etc.?

2. How had child's behavior affected the family?

3. How did he get along with peers? siblings? other adults?

B. How had you tried to deal with child's problems before you came to the preschool?

1. How did these things work out?

2. What other alternatives were suggested to you, or did you consider?

3. Did these "solutions" affect the family?

C. How did you learn about the Preschool?

II. What is your child like now?

A. Did participation in the preschool have any influence?

B. Is child getting any special services, tutoring, aides, etc. now?

C. How does he get along with siblings? peers?

D. How do you feel about his/her current school experiences?

III. Description of Child's Participation in the Program

A. How long did you come to preschool? Why?

B. How did child behave at school: at first and then later?

1. Did his behavior change over the course of the year?

2. Did he act differently at school than at home?

3. Did he change from year 1 to year 2?

4. Did having a male/female teacher have any effects?

C. Did changes in his behavior have an effect on the rest of the family?

IV. Changes in Mother's Behavior

A. Do you perceive of yourself as having changed due to participation in program?

1. What were you like before?

2. Did you feel isolated?

3. Do you notice any changes in your behavior with your other children?

B. Did you learn anything from your participation? How? What?

C. Did the program seem contrary to your expectations?

1. Did you have reservations, questions about the program at first?

2. How did you resolve these issues?

D. Did you like participating in the program?

V. Influence of Other Mothers, Meetings, Etc.

A. Did talking with other mothers in the program have an effect on you?

1. At first, did you expect the mother meetings would be helpful?

2. Did you gain anything else from discussions with mothers?

3. How about workshops?

B. Do you think you said things to other mothers in the program that were helpful to them?

C. Was the relationship with other mothers helpful?

1. Did you notice any problems? Can you think of ways to improve these?

2. Did relationships with other mothers affect your behavior in the classroom?

VI. <u>Husband and Program</u>

A. Did your husband get involved in the program?

B. How did your husband feel when he did participate?

C. What does he think about your child's participation in the program?

D. Do you have any comments about the participation of other fathers/

VII. Consultants

A. Did you have any personal contacts with the consultants: architect, optometrist, etc?

B. How did they affect you?

VIII. What Changes Would You Make in the Preschool?

Date_____

Interviewer_____

Appendix F-1

Examples of
Case Histories
of
Preschool Program Graduates

Case History of Kerry
Birthdate: May 22, 1970

Admitted: September 1973
Graduated: June 1975

Kerry is representative of those children who are brought to the preschool because of perinatal problems. In this case, Kerry's parents had been alerted to the possibility of learning problems and were quite worried about their child. However, other parents do not seem to recognize that pre or post natal complications may affect their child's learning until they receive the letter from the Preschool Program.

Kerry was born with a Hylan membrane and had surgery four days after birth to correct this defect. Her parents were first told that the child would not live and later that she would have brain damage. After it was clear that Kerry was not retarded and did not have any physical problems, the neurosurgeon told her parents that she would be learning disabled. Developmental testing was recommended, but because Kerry was only three years old, her parents had not had her tested at the time they came to the preschool. The family was still participating in a follow-up program at the hospital held by the department of neurosurgery, but they were very negative about the hospital program, since they had to wait several hours for a short appointment. Kerry's parents said that she had been a little slow in physical development but that she had shown no behavior problems and seemed well adjusted socially.

At the time they responded to the letter they received in the mail and came to the preschool, Kerry's parents were still very worried about her future development and the possibility of learning disabilities. Although, on the Stanford-Binet Intelligence Test, Kerry consistently performed at a mental age approximately one year ahead of her chronological age; it was not until they had been in the preschool for one full year that Kerry's parents no longer feared that she was retarded and had gross problems. On the Gesell Developmental scale Kerry performed about a half-year below age level on the first testings, but she was at age level by the time she was five. Her parents' observations that she had been somewhat slow in physical development thus appear to be subscantiated. Moreover, the growth Kerry seems to have shown to her teachers and parents in the preschool program was related to her improved performance on the Gesell.

When Kerry first came to the preschool she was timid and fearful of climbing to any height, but by the middle of the first year she had developed enough confidence to climb stairs and jump to targets. Her confidence in her ability to climb increased over the two years she was in the preschool. Otherwise, Kerry appeared to have no noticeable motor problems. Her gross motor abilities

Case History of Kerry

showed general improvement throughout her stay in the preschool. Kerry was usually well organized in her play: able to move from one activity to another, and to decide what she would do and where she would do it. She showed good imagination and was able to carry out her ideas in productive ways.

Kerry's major problems appeared to be in the social area. She was quiet and withdrawn when she first came to the preschool and very dependent on her mother, although she did seem more outgoing and independent at home. Kerry's dependence on her mother became clear the second year in the program when her mother started working in the other classroom. Kerry became very upset and could not become involved in classroom activities without her mother's presence. Kerry would not play with the other children and was often reluctant to come to school or would refuse to come to snack or to go outside. Kerry did not seem to have enough self-confidence to act independently without adult support. Kerry's mother and teachers realized how much the child needed her mother, and her mother returned to Kerry's classroom. They permitted Kerry to be a little child and gave her the physical and emotional support she seemed to need. Through role playing activity Kerry could test out what she was told and express her needs for security and affection. By December and January Kerry's behavior changed greatly: she again enjoyed coming to school even without her mother and became interested in playing with the other children. Kerry seemed to have developed a sense of trust and understanding that enabled her to become independent of her mother and more confident in herself.

Today Kerry's mother describes her as "where she should be developmentally." Kerry seems to be somewhat of a loner by nature. Her mother feels the child is quiet, not shy, and says that Kerry can play alone and be happy. Kerry's parents feel that the lag between her physical and intellectual development has been greatly decreased. Kerry's teacher feels she is doing very well--"like any other kindergarten child." She is verbal, capable, and good at expressing her feelings. Kerry has been able to go into the Readiness class in which her mother is an aide with little difficulty. Kerry gets along well with the other children; but as her teacher says, she probably will never be an initiator in social situations. In short, Kerry is viewed by both her teachers and her parents as a competent and secure kindergarten child who should do well in school in the future.

Case History of Peter
Birthdate: March 31, 1970

Admitted: October 1974
Graduated: June 1975

Peter represents a different kind of problem. In this case, a normal, well-adjusted four-year-old over-reacted to a family crisis to the point where his behavior underwent a great and distressing change and his parents feared he had a neurological problem.

Peter's mother brought him to the preschool because of the abrupt change in his behavior. His family was going through a difficult period: both grandmothers were hospitalized and one was near death. Peter's parents were constantly at the hospital and under great strain, especially his mother on whom the whole family was leaning. Peter had been happy in nursery school and got along well with the other children. Yet after his parents began making such frequent trips to the hospital, Peter would not leave them alone, refused to go to nursery school or anywhere alone, and spent his time either following his mother or watching T.V. His demanding and puzzling behavior only added to his mother's worries. Although she was told that Peter was going through a stage he would grow out of, she worried that there might be a more serious neurological or psychological problem. At a neighbor's suggestion she brought Peter to the Drop-In Center; and because there was an opening in the program, Peter entered the Preschool.

When Peter first came to the Preschool, in mid-October, he would not play with any of the children and clung to his mother. He slowly began exploring the room and equipment, but he would not let his mother leave. Because Peter would get involved with his male teacher in playing with the trains, his mother and teachers decided to use this opportunity to start the separation process. Peter's mother began by sitting along the edges of the room, later in the coat room, removed from the play activity. For the next stage, Peter's teacher got him a clock with which he could time his mother's departures. Although at first Peter cried and screamed and spent this time watching the clock, refusing to get involved in any activity, he could tolerate his mother leaving for short periods of time, starting with two minutes. His mother always returned on time, proving to Peter that he could trust her. Gradually the amount of time was increased until, by December or January, Peter's mother could leave with the other mothers and Peter would tell her when to come back. This process continued until separation was no longer a problem. At the same time, Peter's interaction with the other children also increased. He began to participate at snack, later at story and music; and finally he could get involved in play activities with the other children.

Peter

Peter consistently tested above age level on the standardized tests given to the children. On his final Stanford-Binet his mental age was over 1-1/2 years above his chronological age. Peter's problem appears to have been emotional and, although the causes of his behavior were clear, his parents could not solve the problem alone.

Today Peter is in a mature kindergarten class. His teacher feels that he is very mature academically and near the top of his class. His social behavior is also above average. Peter's teacher has described him as "the ideal child." He is enthusiastic and always has things to contribute to class. In short, it appears that Peter's emotional problems have abated and that he has made a successful adjustment to school.

Appendix G-1

Early Childhood Program

Parent Orientation Evaluation

September 10, 1975

1. For you, were these introductory meetings helpful? Please comment.

2. What was it about these sessions that helped you most? Which helped you least?

3. What suggestions do you have for next year?

4. How do you feel now about being in the program?

Appendix H-1

Name_____ Date _____

Parent's Monthly Questionnaire

1. How do you perceive your child's problems this month?

2. What changes have you seen in your child this month?

3. What changes have you seen in yourself this month?

4. What experience has been the most meaningful to you this month?

5. How have the observations of other parents affected you this month?

6. What do you see as the most serious problems for the program this month?

Appendix I-1

Name_____ Date_____

Preschool Staff Monthly Questionnaire

1. What has been the most rewarding experience for you during the last month?

2. What do you see as the most serious problems for the program?

3. Which aspect of the program has been developing to your satisfaction this month?

4. Which children do you feel you have been most successful with this month? Why?

5. Which children do you feel you have been least successful with this month? Why?

Appendix J-1

Summary of Parent Questionnaires

MARCH

All the parents described specific strengths or changes they had seen in their children or themselves as their most meaningful experience this month. Generally, these things concerned the growth and maturation of the children in gross motor, fine motor, social, and emotional skills. One mother benefited from speaking with Nancy about speech; another from Dr. Adam's discussion. Three mothers--in different groups--were pleased that the parents are becoming better able to communicate with one another.

By a count of 11 to 4 (with some parents not responding) parents felt better this month. They mentioned such changes in themselves as being more relaxed, patient, understanding and accepting of their children's behavior or feeling generally happier and enjoying being outside with the children. Parents noting negative changes were all generally tired and edgy due to illness of themselves or others or unsettling experiences such as remodelling the house.

The observations of other parents have been positively affecting everyone. They help parents cope with matters better, learn how their children act when mother is not in the classroom, and more aware of the difficulties their children might be having in certain areas. In general, parents have encouraged and helped each other in the meetings.

Many of the problems cited by parents fall into the general category of time: there just is not enough. Several mothers noted that organization is improving and plans made at meetings are being followed through. One mother said that the number of adults in the room sometimes creates problems; another mother felt that minority opinions were sometimes not given equal time at meetings; one regretted that her time demands prevented her from attending regularly; and one mother was concerned because the mothers in her group were not able to get together for discussions on a regular basis.

Summary of Staff Questionnaire - March

Several staff members have been pleased with the progress of the parent groups: people seem to be participating and learning more in all four groups; and the staff has discovered new ways to involve parents and make the meetings more successful. In addition, Jake and Charlie are still happy about the growth of specific children through swimming. Lois is happy that teachers in other schools are requesting equipment to help them meet children's needs and several staff members cited the development of the Consultation Center as a cause for satisfaction.

A problem described by four staff members this month concerned the town funding the program in the future. Several people cited problems which have more personal implications including setting reasonable expectations for ourselves and each other, learning to delegate responsibility and communicate better with mothers about issues such as the organization and structure of the program, and taking for granted that staff input may be less needed as parents and children grow and develop.